UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

	
In re:	Case No. 03-33611-GFK
Virgil Moeller,	Chapter 11
	Debtor.

NOTICE OF HEARING, MOTION OBJECTING TO CLAIMS AND MEMORANDUM OF LAW

TO: The Debtor and other entities specified in Local Rule 9013-3.

- Nauni Jo Manty, Chapter 11 Trustee of the bankruptcy estate of the above named Debtor ("Trustee"), moves the Court for the relief requested below and gives notice of hearing.
- 2. The Court will hold a hearing on this motion at **3:00 p.m. on Wednesday, October 20, 2004**, before the Honorable Gregory F. Kishel, Chief Judge of the Bankruptcy Court, in Courtroom Number 228B, at U.S. Courthouse, 316 North Robert Street, St. Paul, Minnesota.
- 3. Any response to this motion must be filed and delivered not later than October 13, 2004, which is seven days before the time set for the hearing (including Saturdays, Sundays and legal holidays) or filed and served not later than October 8, 2004, which is ten days before the date set for hearing (including Saturdays, Sundays and legal holidays). IF A RESPONSE IS NOT TIMELY FILED, THE COURT, IN ITS DISCRETION, MAY GRANT THE RELIEF REQUESTED WITHOUT A HEARING.
- 4. This Court has jurisdiction over this motion pursuant to 28 U.S.C. §§ 157 and 1334, Fed.
 R. Bankr. P. 5005 and Local Rule 1070-1. This is a core proceeding. The petition commencing this
 Chapter 11 case was filed on May 19, 2003

- 5. This Motion arises under 11 U.S.C. § 502, Bankr. R. 3007, 9013 and 9014 and Local Rules 3007-1, 9006-1, 9013-1 and 9013-3.
- 6. Nauni Jo Manty is the duly appointed Chapter 11 Trustee for the bankruptcy estate of the Debtor. The Trustee's Modified First Amended Plan was confirmed on August 20, 2004. Pursuant to the Court's Order and Notice Confirming Plan and Fixing Time Limits, Objections to Claims "shall be served and filed within 30 days" after August 20, 2004.
 - 7. The Trustee objects to the following claims (the "Claims"):

Claim No.	Claimant	Amount	Entity Billed
1	Euler/American Credit Indemnity	18,150.35	Moeller Farms, Inc.
3	Prins Trucking, Inc.	6,536.62	Moeller Farms, Inc.
4	Sonlite Express, Inc.	1,772.90	Moeller Farms, Inc.
5	Fred Buss	3,000.00	Vamco, Inc.
7	Atlantic Carriers, Inc.	1,158.20	Vamco, Inc.
8	Sundrup Transfer, Inc.	2,146.67	Moeller Farms, Inc.
10	Baja Enterprises	2,408.04	Vamco, Inc.
11	Four Corners	438.55	Moeller Farms, Inc.
12	Ayers Oil	1,173.11	Moeller Farms, Inc.
14	RTS	877.22	Moeller Farms, Inc.
15	Greg Lane	3,230.52	Vamco, Inc.
16	Gaalsyk Brothers Trucking, Inc.	4,878.92	Vamco, Inc.
19	Post Bulletin	219.30	Moeller Farms, Inc.
20	Kwik Trip	2,680.27	Vamco, Inc.
21	Bauer Built, Inc.	2,831.60	Moeller Farms, Inc.
22	CenturyTel of Minnesota, Inc.	725.70	Moeller Farms, Inc.,
22	D	622.07	and Vamco, Inc.
23	Runge Transportation	622.07	Moeller Farms, Inc.
24	Dog, Inc.	418.38	Vamco, Inc.
26	Ameripride Linen	294.80	Moeller Farms, Inc.
30	Gene Wilder	2,375.00	Vamco, Inc.
31	Jacob Wilder	7,647.00	Moeller Farms, Inc.
34	Olmstead Medical	90.00	Moeller Farms, Inc.

8. Pursuant to Local Rule R. 9013 - 2 (e), the Claims exceed 50 pages in total. The above provides a summary of the Claims. You may obtain a copy at www.mnb.uscourts.gov or request a copy by

contacting the undersigned. A copy of the Claims are attached to the motion filed with the bankruptcy court as Exhibit A.

9. After confirmation of the plan, the Debtor provided the Trustee with information regarding the Claims. The Trustee objects to the Claims because they are debts of either Moeller Farms, Inc. or Vamco, Inc. corporations owned by the Debtor. The claims are, therefore, not the debt of the individual Debtor. Copies of the Secretary of State Corporate Records are attached hereto as Exhibit B, which evidence the incorporation of Moeller Farms, Inc. and Vamco, Inc. To the extent that any of the claimants have personal guaranties supporting their claims, the Trustee will withdraw her objection to those claims upon submission of the proper documentation.

MEMORANDUM OF LAW

A properly filed proof of claim is prima facie evidence of the validity of the claim. Fed. R.Bankr. P. 3001(f); In re Consumers Realty & Development Co., 238 B.R. 418, 422 (8th Cir. BAP 1999); In re Immerfall, 216 B.R. 269, 272 (Bankr. D. Minn. 1998). If the objecting party brings forth evidence rebutting the claim, then the claimant must produce additional evidence to prove the validity of the claim by the preponderance of the evidence. Id.; see also Oriental Rug Warehouse Club, 205 BR. 407, 410 (Bankr. D. Minn. 1997). Thus, "once an objection is made to a proof of claim the ultimate burden of persuasion as to the claim's validity and amount rests with the claimant." Id.

In this matter, the Claims appears to be corporate debt rather than a personal debt of the Debtor. The general rule in Minnesota is that officers (or shareholders) of a corporation are shielded from personal liability in connection with contracts if they merely cause the corporation not to perform on the contract. Furley Sales Assocs. v. North Am. Automotive, 325 N.W. 2d 20, 26 (Minn. 1982). As such, the Debtor

is not personally liable for payment of the Claims, rather the corporations, Moeller Farms, Inc., and Vamco, Inc., are responsible for payment of the debt.

WHEREFORE, the Trustee requests that the objection as to the Claims be sustained and the Claims be disallowed in its entirety.

Dated: September 9, 2004 RIDER, BENNETT, LLP

Nauni Jo Manty (#230352) 333 South Seventh Street, Suite 2000 Minneapolis, MN 55402 (612)340-8900

Attorneys for the Chapter 11 Trustee

United States Bankruptcy Court MINNESGTA BANKRUPTCY COURT ST. PAUL GFFICE	P	PROOF OF CLAIM	
In re (Name of Debtor) Moeller Farms, inc.	Case Nu	umber 03-33611	<u> </u>
Note: This form should not be used to make a claim for an administ the case. A "request" of payment of an administrative expense may	trative expen	ise arising after the commencement of suant to 11 U.S.C. 503.	
Name of Creditor : E F S National Bank Inc		Check box if you are aware that	
Name and Addresses Where Notices Should be Sent EULER/American Credit Indemnity AGENT OF EFS National Bank Inc 100 E. PRATT STREET, 5TH FLR. BALTIMORE, MD 21202		anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case.	
Telephone No. 800-866-5551		Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debto:: 000312457		☐ replaces Check here if this claim: a prev ☐ amends	viously filed claim, dated:
1. BASIS FOR CLAIM: Goods Sold Services performed Money loaned Personal injury/wrongful death Taxes	0	Retiree benefits as defined in 11 U.S.C. 1114 Wages, salaries, and compensations (Fill ou Your social security number Unpaid compensations for services performs from	it below)
Other (Describe briefly)		(date)	(date)
2. DATE DEBT WAS INCURRED:		3. IF COURT JUDGMENT, DATE OBTAINE	D:
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all cla (2) Unsecured Priority, (3) Secured. It is possible for part of a claim CHECK THE APPROPRIATE BOX OR BOXES that best describe SECURED CLAIM	n to be in on	e category and part in another. and STATE THE AMOUNT OF THE CLAIM. D UNSECURED PRIORITY CLAIM	ured nonpriority,
Attach evidence of perfection of security interest Brief Description of Collateral: Real Estate Motor Vehicle Other (Describe briefly)		Specify the priority of the claim. Wages Salaries, or commissions (up: 90 days before filing of the bankrupto business, whichever is earlier)-11U.	cy petition or cessation of the debtor's
Amount of arrearage and other charges included in secured clif any \$	laim above,	☐ Contributions to an employee benefit	
		■ Up to \$900 of deposits toward purchas services for personal, family or house	
☑ UNSECURED NONPRIORITY CLAIMS 18,150.35 US\$ A claim is unsecured if there is no collateral or lien on property debtor securing the claim or to the extent that the value of such		☐ Taxes or penalties of governmental u	
property is less that in the amount of the claim.		Other11 U.S.C. 507(a)(2), (a)(5)	(Describe briefly)
5. TOTAL AMOUNT OF CLAIM AT TIME 18,150.35 US\$			18,150.35 US\$
CASE FILED: (Unsecured)	(Secure	d) (Priority)	(Total)
Check this box if claim includes prepetition charges in addition of			
 CREDITS AND SETOFFS: The amount of all payments on this c of making this proof of claim. In filing this claim, claimant has dec 			THIS SPACE IS FOR COURT USE ONLY
SUPPORTING DOCUMENTS: Attach copies of support docume invoices, itemized statements of running accounts, contracts, couthe documents are not available, explain. If the documents are v	ırt judgments oluminous, a	s, or evidence of security interests. If attach a summary.	
TIME-STAMPED COPY: To receive an acknowledgment of the envelope and copy of this proof of claim.	filing of your	claim, enclose a stamped, self-addressed	
5/30/2003 authorized to file this clai	m (attach co	ny, of the creditor or other person py of power of attorney, if any)	(1
Ed Gorsuch - Case I	Manager	duril former	EXHIBIT

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. 152 and 3571.



\$ 18,150.35	Total					103346
\$ 82.00	82.00	49	4/17/2003	3107-4973801	4,5	OPERO
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5 4459 50 527.78	827.78	60	3/24/2003	3083	17	103346
700						
Reference Balance	Amount Billed	}	Billing Date	Reference Number	Branch Number	Account Number
	,. ·		Account 103346	Moeller Farms		



May 30, 2003

Minnesota Bankruptcy Court St. Paul Office 316 N. Robert St. Suite 200 St. Paul, MN 55101

Attention:

Court Clerk

Bankruptcy Case No: 03-33611

E F S National Bank Inc

Claim No:

000312457

Debtor:

Moeller Farms, Inc.

Balance Due:

18,150.35 US\$

Dear Court Clerk:

Enclosed for filing in the above proceedings is the proof of claim of E F S National Bank Inc in the amount of 18,150.35 US\$ and supported by an itemized statement of account.

Pursuant to rule 2002G and 3009, we request that all notices and dividend checks be mailed to the address indicated on the proof of claim form.

Please acknowledge receipt of this filing on the attached copy of the proof of claim. A business reply envelope is provided.

Thank you for your assistance.

Sincerely,

Ed Gorsuch Case Manager **EULER ACI** 410-554-0775 Encls.



FORM <u>B10 (Official Form 10)(4/01)</u>	
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (S	TPAIT
DISTRICT OF MINNESOTA IS	I. I AOM
Name of Debtor	Case Number
VIRGIL MOELLER	03-33611
	.s. G
	∽돌 ᇦ 싞 │
Name of Creditor (The person or other entity to whom the debtor	Check box if you are aware that
owes money or property):	anyone else has filed a proof of
PRINS TRUCKING INC	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs
Name and Address where notices should be sent:	copy of statement giving particulars. Check box if you have never
PRINS TRUCKING INC	received any notices from the
414 OXFORD STREET WORTHINGTON MN 56187	bankruptcy court in this case.
WORTHER CO. C.	Check box if the address differs from the address on the envelope
	sent to you by the court.
Telephone Number: 507 - 57 a - 2040	
Account or other number by which creditor identifies debtor:	Check here if preplaces this claim mends a previously filed claim, dated
1. Basis for Claim	Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Goods sold	☐ Wages, salaries, and compensation (fill out below)
Services performed	Your SS #:
☐ Money loaned ☐ Personal injury/wrongful death	from to
☐ Taxes	(date) (date)
Other 2. Date debt was incurred:	3. If court judgment, date obtained:
2. Date debt was incurred: 2 · 3 · 2003	3. If Court Judgment, and Comment
A Total Amount of Claim at Time Case Filed:	\$ 6537.63
If all or part of your claim is secured or entitled to priority, also co	dition to the principal amount of the claim. Attach itemized statement of all
interest or additional charges.	artion to the principal and the control of the control
5. Secured Claim.	6. Unsecured Priority Claim.
☐ Check this box if your claim is secured by collateral	☐ Check this box if you have an unsecured priority claim Amount entitled to priority \$
(including a right of setoff). Brief Description of Collateral:	Specify the priority of the claim:
Real Estate Motor Vehicle	Wages, salaries, or commissions (up to \$4,650),* earned within 90 days
Other	before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
Value of Collateral: \$	Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
Value of Conditions.	I I I I to \$ 2.100* of denosits toward purchase, lease, or rental of property or
	services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or
	child - 11 U.S.C. 8 507(a)(7).
Amount of arrearage and other charges at time case filed	☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
included in secured claim, if any: \$	Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().
	*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter
	with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has	been credited and deducted for the SEND CLAIM TO:
purpose of making this proof of claim. 8. Supporting Documents: Anach copies of supporting document	s, such as promissory notes, purchase U.S. BANKRUPTCY COURT
owlers invoices itemized statements of running accounts, co	intracts, court judgments, mortgages, 1 200 H S COURTHOUSE
security agreements, and evidence of perfection of lie INOCUMENTS. If the documents are not available, explain	n. DO NOT SEND ORIGINAL 316 NORTH ROBERT STREET ST. PAUL, MN 55101
uttech a summary	<u> </u>
9. Date-Stamped Copy: To receive an acknowledgment of the fil	ling of your claim, enclose a stamped,
self-addressed envelope and copy of this proof of claim.	
Date Sign and print the name and title, if any, of the c	reditor or other person authorized to
file this claim (attach copy of power of attorney,	if any):
6.12.03 Shemore 2 Sherrich	r imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

12:21 PM 06/12/03 Accrual Basis

Prins Trucking, Inc. Customer Open Balance All Transactions

Туре	Date	Num	P. O. #	Memo	Amount
Moeller Farms					322.79
Invoice	2/3/2003	5212	99001		327.73
Invoice	2/3/2003	5236	99002		183.82
Invoice	2/3/2003	5250			482.60
Invoice	2/3/2003	5251	91860		588.90
Invoice	2/12/2003	5395	103999		446.88
Invoice	2/19/2003	5543	109218		189.38
Invoice	3/13/2003	5874			369.60
Invoice	3/13/2003	5875	122084		473.48
Invoice	3/13/2003	5892	122355		455.43
Invoice	3/13/2003	5894	116154		461.24
Invoice	3/24/2003	6054	122035		500.75
Invoice	3/25/2003	6105	126731		199.32
Invoice	3/26/2003	6161			519.06
Invoice	3/26/2003	6162	129756		422.37
Invoice	3/26/2003	6182	129628		
Invoice	4/1/2003	6267	133187		326.78
	5/19/2003	FC 1		Finance Charge 21%	267.49
Invoice	3/13/2000	. • .			6,537.62
Total Moeller Far	ms				
					6,537.62





CUSTOMER NO.

INVOICE NO.

5212

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
99001	1/28/2003	01/29/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
2/3/2003		Cal		192JF
JANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
24 83 Wheat Midds			13.00	322.79

Origin:

Horizon Milling LLC Lake City, MN.

Destination:

Ag Partners LLC. Sheldon, IA.

PO # 4017884

Balance Due

\$322.79

COPY



CUSTOMER NO.

INVOICE NO.

5236

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
99002	1/29/2003	01/30/2003		DRIVER
INVOICE DATE	TERMS	DISPATCHER		DAIVEN
2/3/2003		Cal		003BH
UANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
25.21 Wheat Midds			13.00	327.73

Origin:

Horizon Milling LLC Lake City, MN.

Destination:

Ag Partners LLC. Sheldon, IA.

PO # 4017885 Order # 24713

Balance Due

\$327.73





CUSTOMER NO.

INVOICE NO.

5250

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLGAD DATE	SHIP VIA	
INVOICE DATE	1/21/2003 TERMS	01/22/2003 DISPATCHER		DRIVER
2/3/2003		Cal		95LE
QUANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
26.26 Soybean Meal			7.00	183.82

Origin:

Harvest States Mankato, MN.

Destination:

Harmony Ag. Harmony, MN.

PU # 100543 Load # 7120732 C230674

Balance Due

\$183.82

COPY



CUSTOMER NO.

INVOICE NO.

5251

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
91860	1/22/2003	0123		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
2/3/2003		Cal		95LE
JANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
25.4 Wheat Midds			19.00	482.60

Origin:

Horizon Milling LLC Lake City, MN.

Destination:

Bloom N Egg Farm Bloomfield, NE.

PO # 262178

Balance Due

\$482.60

Terms: Due upon receipt
Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

COPY



CUSTOMER NO.

INVOICE NO.

5395

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
103999	2/6/2003	02/07/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
2/12/2003		Cal		223WC
ANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
22 65 Wheat Midds			20.00	453.00

Origin:

Lake City, MN.

Destination:

Farmland Industries

Fremont, NE.

22.65 Load was rediverted from Fremont to Purina, Lincoln, NE.

6.00

135.90

PO #3158477

Purina PO #4500376337-00001

Balance Due

\$588.90

COPY



CUSTOMER NO.

INVOICE NO.

5543

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
109218	2/13/2003	02/14/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
2/19/2003		Cal		200со
DUANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
23.52 Wheat Midds			19.00	446.88

Origin:

Horizon Milling LLC Lake City, MN.

Destination:

Bloom N Egg Farm Bloomfield, NE.

Unloading Ticket # 098546 PO # 265987

Balance Due

\$446.88



Prins Trucking, Inc. 414 OXFORD ST. WORTHINGTON, MN 56187-9802 507-372-2040 • 1-800-628-3152

INVOICE

CUSTOMER NO.

INVOICE NO.

5874

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
	3/3/2003	03/04/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
3/13/2003		Cal		207 <i>CC</i>
JANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
25.25 Soybean Meal			7.50	189.38

Origin:

ADM Milling Mankato, MN.

Destination:

Harmony Agri Services Inc. Harmony, MN.

PU # 583759 Order # 3295 Seq # 97

Balance Due

\$189.38



Prins Trucking, Inc.
414 OXFORD ST.
WORTHINGTON, MN 56187-9802
507-372-2040 - 1-800-628-3152

CUSTOMER NO.

INVOICE NO.

5875

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
122084	3/4/2003	03/04/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
3/13/2003		Cal		207 <i>CC</i>
JANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
23.1 Wheat Midds			16.00	369.60

Origin:

Horizon Milling LLC Lake City, MN.

Destination: Big Red Mill Wakefield, NE.

PO # 355678 Unloading Ticket # 355678

Balance Due

\$369.60

COPY



CUSTOMER NO.

INVOICE NO.

5892

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
122355	3/6/2003	03/07/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
3/13/2003		Cal		213LB
DUANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
24.92 Wheat Midds			19.00	473.48

Origin:

Horizon Milling LLC Lake City, MN.

Destination:

Bloom N Egg Farm Bloomfield, NE.

PO # 269876 Unloading Ticket # 099122

Balance Due

\$473.48





CUSTOMER NO.

INVOICE NO.

5894

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
116154	2/28/2003	03/03/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
3/13/2003		Cal		193JH
DUANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
23.97 Wheat Midds			19.00	455.43

Origin:

Horizon Milling LLC Lake City, MN.

Destination:

Bloom N Egg Farm Bloomfield, NE.

PO # 268621

Unloading Ticket # 098995

Balance Due

\$455.43





CUSTOMER NO.

INVOICE NO.

6054

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
122035	3/10/2003	03/11/2003		
INVOICE DATE	TEAMS	DISPATCHER		DRIVER
3/24/2003		Cal		192JF
UANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
23.12 Wheat Midds			19.00	439.28

Origin:

Horizon Milling LLC Lake City, MN.

Destination:

Bloom N Egg Farm Bloomfield, NE.

PO # 269879 Unloading Ticket # 099197

439.28 Fuel Surcharge

0.05

21.96

Balance Due

\$461.24





CUSTOMER NO.

INVOICE NO.

6105

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
126731	3/12/2003	03/13/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
3/25/2003		Cal		95LE
UANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
25.1 Wheat Midds			19.00	476.90

Origin:

Horizon Milling Lake City, MN.

Destination:

Bloom N Egg Farm Bloomfield, NE.

PO # 271254

Unloading Ticket # 099268

25.1 5% Fuel Surcharge

0.95

23.85

Balance Due

\$500.75

Terms: Due upon receipt Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

COPY



CUSTOMER NO.

INVOICE NO.

6161

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
	3/19/2003	03/19/2003		····
INVOICE DATE	TERMS	DISPATCHER		DRIVER
3/26/2003		Cal		105
UANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
25.31 Soybean Meal			7.50	189.83

Origin:

ADM

Mankato, MN.

Destination:

Harmony Agri Services Inc.

Harnony, MN.

PU # 744095 Order # 3355 **SEQ # 293**

189.83 Fuel Surcharge

0.05

9.49

Balance Due

\$199.32

Prins Trucking, Inc. 414 OXFORD ST. WORTHINGTON, MN 56187-9802 507-372-2040 - 1-800-628-3152

INVOICE

CUSTOMER NO.

INVOICE NO.

6162

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
129756	3/19/2003	03/20/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
3/26/2003		Çal		105
ANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
23.54 Wheat Midds			21.00	494.34

Origin:

Horizon Milling Lake City, MN.

Destination:

Purina Mills

Lincoln, NE.

PO # 385959-3

494.34 Fuel Surcharge

0.05

24.72

Balance Due

\$519.06



Prins Trucking, Inc. 414 OXFORD ST. WORTHINGTON, MN 56187-9802 507-372-2040 - 1-800-628-3152

INVOICE

CUSTOMER NO.

INVOICE NO.

6182

BILL TO:

Moeller Farms PO Box 109 Spring Valley, MN 55975 SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLUAD DATE	SHIP VIA	
129628	3/20/2003	03/21/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
3/26/2003		Cal		206ЈУ
YTITMAUG	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
22.23 Wheat Midds			19.00	422.37

Origin:

Horizon Milling LLC Lake City, MN.

Destination:

Bloom N Egg Farm Bloomfield, NE.

Unloading Ticket # 099478 PO # 272799

Balance Due

\$422.37





CUSTOMER NO.

INVOICE NO.

6267

BILL TO:

Moeller Farms PO Box 109

Spring Valley, MN 55975

SHIP TO:

BILL OF LADING NUMBER	LOAD DATE	UNLOAD DATE	SHIP VIA	
133187	3/25/2003	03/21/2003		
INVOICE DATE	TERMS	DISPATCHER		DRIVER
4/1/2003		Cal		207 <i>CC</i>
JANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
23.94 Wheat Midds			13.00	311.22

Origin:

Horizon Milling LLC Lake City, MN.

Destination:

Don's Farm Supply Newell, IA.

311.22 5% Fuel Surcharge

0.05

15.56

PO #4450-6

Unloading scale ticket #709

Balance Due

\$326.78

Terms: Due upon receipt Service charge of 1-3/4 % per month (21% annually) on accounts 30 days past due. In addition, costs and reasonable fees for collection may be charged.

COPY

Prins Trucking, Inc.

414 Oxford Street Worthington, MN 56187

Finance Charge

Bill To

Moeller Farms P() Box 109 Spring Valley, MN 55975

			Terms
	Description	Amo	unt
Finance Charges on Overdue Balance Invoice #5212 for 322.79 on 02/03/2003 Invoice #5236 for 327.73 on 02/03/2003 Invoice #5250 for 183.82 on 02/03/2003 Invoice #5251 for 482.60 on 02/03/2003 Invoice #5395 for 588.90 on 02/12/2003 Invoice #5543 for 446.88 on 02/19/2003 Invoice #5874 for 189.38 on 03/13/2003 Invoice #5875 for 369.60 on 03/13/2003 Invoice #5892 for 473.48 on 03/13/2003 Invoice #5894 for 455.43 on 03/13/2003 Invoice #6054 for 461.24 on 03/24/2003 Invoice #6105 for 500.75 on 03/25/2003 Invoice #6161 for 199.32 on 03/26/2003 Invoice #6162 for 519.06 on 03/26/2003 Invoice #6182 for 422.37 on 03/26/2003 Invoice #6267 for 326.78 on 04/01/2003			267.49
		Total	\$267.49
		Payments/Credits	\$0.00
		Balance Due	\$267.49



FORM B10 (Official Form 10)(4/01)	
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST	T. PAUL)
Name of Debtor VIRGIL MOELLER	Case Number 03-33611
Service	
Name of Creditor (The person or other entity to whom the debtor owes money or property): SONLITE EXPRESS INC Name and Address where notices should be sent: SONLITE EXPRESS INC 86886 571 AVENUE LAUREL NE 68745	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope cent to you have never
Telephone Number: Account or other number by which creditor identifies debtor:	Check here if Preplaces
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	this claim
2. Date debt was incurred: 3 · 19 - 03 1 hru 4 - 15 03	3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed:	\$ 1774.09 mplete Item 5 or 6 below. lition to the principal amount of the claim. Attach itemized statement of all
5. Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other	6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim Amount entitled to priority \$
Value of Collateral: \$ Amount of arrearage and other charges at time case filed	 □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). □ Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). □ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). □ Tayes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
included in secured claim, if any: \$	Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, consecurity agreements, and evidence of perfection of lier DOCUMENTS. If the documents are not available, explain, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the fill self-addressed envelope and copy of this proof of claim.	been credited and deducted for the s, such as promissory notes, purchase ntracts, court judgments, mortgages, n. DO NOT SEND ORIGINAL If the documents are voluminous, SEND CLAIM TO: U.S. BANKRUPTCY COURT 200 U.S. COURTHOUSE 316 NORTH ROBERT STREET ST. PAUL, MN 55101
Date Sign and print the name and title, if any, of the cifile this claim (attach copy of power of attorney, Lilanda Hannin Aler Bandon for presenting fraudulent claim: Fine of up to \$500,000 or	reditor or other person authorized to if any): Yolanda Hansun. Itary Secretary r imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Sonlite Express Inc. 86886 571 Ave.

Laurel, NE 68745

Invoice

Date

Invoice #

3/19/2003

7828.7840

Bill To

MOELLER FARMS INC PO BOX 109 SPRING VALLEY, MN 55975

Description	Qty	Rate	Amount
Ton: Tonage Revenue	23.47	12.00	281.64
WHEAT MIDDS 126251			
Pickup:LAKE CITY,MN, 3/11/2003 Drop:NEWELL,IA, 3/12/2003 FS: FUEL SURCHARGE	1	14.08	14.08
		Total	\$295.72
		Payments/Credits	\$0.00
	:	Balance Due	\$295.72

Phone #		Fax#	E-mail	Web Site
402-256-3563	:	402-256-9518	yhansen@hartel.net	www.sonliteexpress.com
402-230-3303		402-230-7316	y mansementation met	www.sommoonpress.com

CUSTI 10NA SELECT FARTIS LP 811 9 ON ST PREPAID specifically agreed to in writing or the applica-portation contract and the applicable terms a IFY that the articles named herein are properly classified, destr tions of the National Motor Fri ject to vertication by the governing Weighing and Inspection MINNEAPOLIS, MN 55440-5609 HORIZON MILLING, LLC. 100 TRUCK LICENSE DRIVER (Printed) 126251.00 MEMORANDUM S.H38 NATE SHIPPEDY ORIBIN POINT: LAKE CITY, IN PO #1 4427-3 UNIT ID: 30368-3005 432240 270 STRAIGHT BILL OF LADING - SHORT FORM COMBIGNED TO: COMBINED TO: COMB WEIGHTS TO GOVERN) SHIPPERS WEIGHT MAK. PAK. TEMS SHIPPER/GENERAL OFFICER HOUSEN THING, LLC P. U. DON 2696 HICKITA, V.S. NEMED: MARRI MIDDS, WIGHOLMD WHEAT SCREENINGS 10373 LAKENT MIDDS L 1 M E BRAND UPC CODE MILLI UGIT 1941 56297 THE MANUFACTURE OF CONNERCTAL FEED REMARKS T R A F F I C DELY CARRIER: MOFL ROUTE: MOELLER 13815 STREPROTEINS FULL TRUCK (n 4 1 et.200 at 81 te256 at 4 1 eussi HORIZON MILLING ABOVE COMMODITIES S に111年で

7

on's Farm Supply

Receiver Number: 609

Date: 03/11/03 Time: 13:41

Operator Number: SCOTT

Supplier: HORIZON

Contract Number:

Railcar Number:

Truck I.D.:

Ingredient Code: 31500

Midds

Destination: 408 408 Midds 2nd Destination: 407 407 Midds

Lot Number:

Ats (Bagged Ingred.): 0

Density: 0.00 Lbs/Ft^3 F.M.: 0.00 %

Moisture: 0.00 %

Sample:

Notes:

GROSS WEIGHT: 75460 Lbs.

TARE WEIGHT: 28560 lbs.

NET WEIGHT: 46900 Lbs.

Soldite Express Inc. 86886 571 Ave.

Laurel, NE 68745

Invoice

Date		Invoice #
3/26/2003	i	7896.7908

Bill To

MOELLER FARMS INC PO BOX 109 SPRING VALLEY, MN 55975

Description	Qty	Rate	Amount
Ton: Tonage Revenue	23.17	21.00	486.57
WHEAT MIDDS 129754			
Pickup:LAKE CITY,MN, 3/17/2003 Drop:LINCOLN,NE, 3/18/2003 FS: FUEL SURCHARGE	1	24.33	24.33
		Total	\$510.90
		Payments/Credits	\$0.00
	-	Balance Due	\$510.90

	Phone #	Fax#	E-mail	Web Site
		1	inger i de la companya del companya del companya de la companya de	
•	402-256-3563	402-256-9518	yhansen@hartel.net	www.sonliteexpress.com

The said terms and conditions are hereby agreed to by the shipper and accepted for itself and its assignit. subject to all the terms and conditions of the Uniform Demostic Straight Bill of Leading at which (1) if the Populations, of Federal Regulations, 48 CFR 1035 in effect on the date hereof, if this is a rail or rail-water shipment, or (2) each carrier of all or any of said property over all or any portion of said route to destination, and as to each party tions of the National Motor Freight Classification 100, carry to its usual place of delivery at said destination its route, otherwise to deliver jo enother carry session of the property under the contract) agn 129754.00 MEMORANDUM 100 PO \$1 3558919 : Wift 161 1. BATE SHIPPELL OKIGIN POINT. C8519-3111 65 MAT 130 STRAIGHT BILL OF LADING - SHORT FORM CONSIGNED TO: ASTA PURINA MILLS LLC SAO S EGINER BENE LINEGER, ANE INFORMATION WEIGHTS TO GOVERN: SHIPPERS WEIGHT 1(21) ALLE CRETTY TRAFFIC LELY CARRIER: NEW SOUTE: MUELLEP 13815 HORIZON YMILLING

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DRIVER (Printed)

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FULL TRUCK

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3013645473013

OSSUIT.

TRUCK LICENSE #

FACTOR: ALL LUCE S.

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of to verification by the governing Weighing and Inspection Bureau in accordance with PO. BOX 5606 HORIZON MILLING, LLC

E M A R K S

Q14439

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0.154.00 FREIGHT ICKNSS

ABOVE COMMONTIES RECEVED BY CARRIER / AGENTS SIGNATURE

X / Y / Y | Y | WILLING, LLC Jr Martin

Weight Stamp

75020 15 6 28780 15 6

kale Number:				Shipper/Producer:		
Seller: HORIZON HILLING I PO BOX 6012 FARGO, NO 58108			-			
Please deliver t Purina Mills, LLV 5500 North Cotne Lincoln, NE 685	C r Boul eva rd			46340		46240
	tumber: 450038595		Terms:			Delivery Date
Item # Material D-Ticketi	# Material Desc	Delivery T	ext	Quairi	ity onic	20111017 2200
00001 1002358	Wheat Middlir	ngs-Bulk		25.	000 TON	03/18/2003
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Sonlite Express Inc.

86886 571 Ave. Laurel, NE 68745

Invoice

Date	Invoice #
4/2/2003	7968.7979

Bill To

MOELLER FARMS INC PO BOX 109 SPRING VALLEY, MN 55975

Description	Qty	Rate	Amount
Ton: Tonage Revenue	24.75	21.00	519.75
WHEAT MIDDS 134168			
Pickup:LAKE CITY,MN, 3/22/2003 Drop:LINCOLN,NE, 3/24/2003 FS: FUEL SURCHARGE	0.05	519.75	25.99
•		Total	\$545.74
	•	Payments/Credits	\$0.00
		Balance Due	\$545.74

Phone #	Fax #	E-mail	Web Site
402-256-3563	402-256-9518	yhansen@hartel.net	www.sonliteexpress.com

SHIPPER/FERENAL OFFICE: No. 1.50 inling, U.C. P. 0 (A)? 309a U.Chita, E.S.

ALCO POSTA

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Office (1)

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MEMORANDUM

134168.02

PO #1 30 150 1 CALE CITY, 181

DRIT ID: MIE SHIPPER =

,

RECEIVED, subject to the classifications and tariffs agreed to in writing or the applicable transportation contract in effect on the date of the issue of this Bill of Lading, the property described below, in apparent good writer accept as noted (contents and condition of contents of pestages unknown), marked consigned, and destined as indicated below, which said carrier the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its stead place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to add destination. It is unfusibly agreed, as to each straight Bill of rany of said property were all or any portion of said mute to destination, and said each party, that every service to be performed hereunder shall be eabled to all the later and conditions of the Uniform Domesic Straight Bill of Lading set forth (1) in the Code of Federal Angulations, 40 CFR 1035 in effect of, the date hereof, if this is a rail or raily relies the pinest, for (2) for the applicable motor carrier classification, or tariff specifically agreed to in writing or the applicable transportation contract and the applicable terms and conditions of the National Motor Freight Classification 100, if

The said terms and conditions are hereby agreed to by the shipper and accepted for itself and its assigns.

TRUCK LICENSE *
TRACTOR.
TRAILER #
DRIVER (Printed)

Weight subject to verification by the governing Weighting and inspection Bureau in accordance with agreement.

HORIZON MILLING, LLC P.O. BOX 5606 MINNEAPOLIS, MN 55440-5606

*CTHIS IS TO CERTIFY that the articles named herein are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consigner, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful.

B

The state of the s

XFL-350 (4/02)

7968

ABOVE COMMODITES RECEIVED AND CAPREN AGENTS SIGNATURE

ABOVE COMMODITIES SIMPLED BY HUBIZON MILLING LIC

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Weight Stamp

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		· · · (LAKE CITY, MN
	SAMPLE	3	1 2 3 4
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	OLD II	NGREDIENT CODE	1 2 3 4 5
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Sonlite Express Inc. 86886 571 Ave. Laurel, NE 68745

Invoice

 Date
 Invoice #

 4/15/2003
 8269.8280

Bill To

MOELLER FARMS INC PO BOX 109 SPRING VALLEY, MN 55975

Description	Qty	Rate	Amount
Ton: Tonage Revenue	24.69	17.00	419.73
WHEAT MIDDS 146627			
Pickup:LAKE CITY,MN, 4/12/2003 Drop:WAKEFIELD,NE, 4/14/2003			
•			
		Total	\$419.73
		Payments/Credits	\$0.00
		Balance Due	\$419.73

Phone #	Fax#	E-mail	Web Site
T TIOTIO II	, 4, 1,	and the second s	
402-256-3563	402-256-9518	yhansen@hartel.net	www.sonliteexpress.com

No. 356559

BIG RED MILL WAKEFIELD, NE 68784

DATE 4-14-03

GROSS TARE NET CHARGE ON ACCT. MDSE. PAID OUT DRIVER ON _ TEST WGT. BIN. NO. AMOUNT 37000 27600 69.00 PRICE CASH DELIVERY/PICK-UP RECEIVING CONTRACT CONTRACT CONT. NO. ONLY CONTITY TICKET TYPE DELIVERY DATE _ NAME: SALE | DELIVERY | SPOT | ADDRESS:_

HORIZON MILLING

STRAIGHT BILL OF LADING - SHORT FORM

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MARK SHARITORS.

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PARTIES TO

MALE STREET, NO.

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The said terms and conditions are hereby agreed to by the shipper and accopters for scall and its assigns.

TRUCK LICENSE # TEACTOR #.

TRAILER #

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DRIVER (Printed

Weight subject to verification by the governing Weighing and Inspection Bureau in accordance with agreement.

HORIZON MILLING, LLC
P.O. BOX 5506
MINNEAPOLIS, MN 55440-5606
THIS IS TO CERTIFY that the articles named herein are proporty classified described, packaged, marked and labeled, and are in proper condition for transportation, increasing to the applicable regulations of the Department of Transportation.

Subject to Section 7 of Conditions of applicable bill of lading, if this swimmort is to be delivered to the consignor, the consignor shall sign the following statement: The certair shall not make delivery of this shipment without payment of fringht and all other lawful charges.

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(4) H. H. 16)

XFL-350 (4/02)

J. M. Wary ABOVE COMMODITIES RECEIVED BY CARRIER! AGENTS SIGNATURE

FORM B10 (Official Form 10)(4/01)		
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (STATES)	r. PAUL)	
Name of Debtor	Case Number	
VIRGIL MOELLER		<u></u>
	ka Marka ka sa sa jan sa jan sa	RECEIVED 03 JUN 16 AN 9:53 U.S. BANKHUUPICY COURT
	Check box if you are aware that	HE SAME
Name of Creditor (The person or other entity to whom the debtor owes money or property):	anyone else has filed a proof of	. 翠 5 字
FRED BUSS Name and Address where notices should be sent:	claim relating to your claim. Attac copy of statement giving particular	s. F. a.
FRED BUSS	Check box if you have never received any notices from the	[] [] [] []
RR I BOX 273 SPRING VALLEY MN 55975	bankruptcy court in this case.	: 53
SPRING VALLEY NO 33775	Check box if the address differs from the address on the envelope	
Telephone Number: 507 - 3 46 - 2442	sent to you by the court.	
Account or other number by which creditor identifies debtor:		usly filed claim, dated
1. Basis for Claim	Retiree benefits as defined in 11 U.	S.C. \$1114(a) (fill out below)
☐ Goods sold ☐ Services performed	Wages, salaries, and compensation Your SS #: 416 5F Slot	2_
☐ Money loaned ☐ Personal injury/wrongful death	Unpaid compensation for services from $\frac{4 \cdot 5 \cdot 03}{4 \cdot 23}$ to $\frac{4 \cdot 23}{4 \cdot 23}$	performed
Taxes	(date) (date)	•
Other 2. Date debt was incurred:	3. If court judgment, date obtained	
The Case Filed:	\$ 2000.00	
If all or part of your claim is secured or entitled to priority, also co Check this box if claim includes interest or other charges in add	lete Item 5 or 6 helow	m. Attach itemized statement of all
interest or additional charges.		
5. Secured Claim. Check this box if your claim is secured by collateral	6. Unsecured Priority Claim. ☐ Check this box if you have an unse Amount entitled to priority \$ 20	cured priority claim
(including a right of setoff).	Specify the priority of the claim:	
Brief Description of Collateral: Real Estate Motor Vehicle	Wages, salaries, or commissions (u before filing of the bankruptcy peti	p to \$4,650),* earned within 90 days
Other	husiness whichever is earlier - 11	U.S.C. § 507(a)(3).
Value of Collateral: \$	☐ Contributions to an employee bene ☐ Up to \$ 2,100* of deposits toward	nurchase, lease, or rental of property or
	services for personal, family, or ho Alimony, maintenance, or support	usehold use - 11 U.S.C. § 50/(a)(o).
	child - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to govern	
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Other - Specify applicable paragra	ph of 11 U.S.C. § 507(a)().
	*Amounts are subject to adjustment	on 4/1/04 and every 3 years thereafter
7. Credits: The amount of all payments on this claim has	with respect to cases commenced of	n or after the date of adjustment.
homeographic this proof of claim	i i	SEND CLAIM TO:
8. Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, co	MILECIS, COULT INTERINGUES, INDIFFERENT I	U.S. BANKRUPTCY COURT 200 U.S. COURTHOUSE
security agreements, and evidence of perfection of lie DOCUMENTS. If the documents are not available, explain	U. DO MOI SEND OKIOTIAN I	316 NORTH ROBERT STREET ST. PAUL, MN 55101
attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the fil	į į	
9. Date-Stamped Copy: To receive an acknowledgment of the in- self-addressed envelope and copy of this proof of claim.	mil or lon amin't among a completel	
Date Sign and print the name and title, if any, of the c	reditor or other person authorized to	
l file this claim (attach copy of power of attorney,	if any):	
5-13-03 quel Buss.	to Sugar on both	1811 S.C. 88 152 and 3571.
Penalty for presenting fraudulent claim: Fine of up to \$500,000 o	r imprisonment for up to 5 years, or bott	ii to civici 22 ton and on it.

FORM B10 (Official Form 10)(4/01)	
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST	r. PAUL)
DISTRICTOR MINISOTATO	
Name of Debtor	Case Number
VIRGIL MOELLER	03-33611
	9 .000
	ςν ω.
	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptoy court in this case.
Name of Creditor (The person or other entity to whom the debtor	☐ Check box if you are aware that
owes money or property):	anyone else has filed a proof of
ATT ANTIC CARRIERS	claim relating to your claim. Attach
Name and Address where notices should be sent:	claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the backgrounds court in this case.
ATLANTIC CARRIERS INC.	received any notices from the
PO BOX 457	bankruptcy court in this case.
ATLANTIC IA 50022	Check box if the address differs
	from the address on the envelope
	sent to you by the court.
Telephone Number:	Check here if preplaces
Account or other number by which creditor identifies debtor:	this claim amends a previously filed claim, dated
1. Basis for Claim	Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Goods sold	Wages, salaries, and compensation (fill out below) Your SS #:
Services performed	Unpaid compensation for services performed
Money loaned Personal injury/wrongful death	from to
Taxes	(date) (date)
☐ Other	
2. Date debt was incurred: 2/25 & 4/8/02	3. If court judgment, date obtained:
	\$ 1158.20
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also cor	and the first for 6 halows
Check this box if claim includes interest or other charges in add	lition to the principal amount of the claim. Attach itemized statement of all
interest or additional charges.	
5. Secured Claim.	6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim
Check this box if your claim is secured by collateral (including a right of setoff).	Amount entitled to priority \$ 1138.2.
Brief Description of Collateral:	Speciffs the priority of the claim:
Real Estate Motor Vehicle	Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's
Other	business, whichever is earlier - 11 U.S.C. § 507(a)(3).
W. CO. Berend.	Contributions to an employee benefit plan - 11 U.S.C. \$507(a)(4).
Value of Collateral: \$	I TITLE to \$ 2 100# of denocity toward purchase, lease, or rental of property or
!	l services for personal family or household use - 11 U.S.C. § 50/(8)(b).
	Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
Amount of arrearage and other charges at time case filed	Taxes or penalties owed to governmental units - II U.S.C. § 50/(2)(8).
included in secured claim, if any: \$	Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().
	*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter
	with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has	have an alited and deducted for the
-f	<u> </u>
O C The anymometry Assach conject of supporting documents	s, such as promissory notes, purchase U.S. BANKRUPTCY COURT
orders, invoices, itemized statements of running accounts, col	n DO NOT SEND ORIGINAL 316 NORTH ROBERT STREET
DOCUMENTS. If the documents are not available, explain.	If the documents are voluminous, ST. PAUL, MN 55101
4 4	
9. Date-Stamped Copy: To receive an acknowledgment of the fili	ing or your ciaim, enclose a standard,
self-addressed envelope and copy of this proof of claim.	
Date Sign and print the name and title, if any, of the co	reditor or other person authorized to
file this claim (attach-copy of power of attorney,	if any):
6-13-03 Deh Battman	•
)
	r imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

ATLANTIC CARRIERS INC

Quality Transportation at a Fair Price!!!!!!

PO Box 457 Atlantic IA 50022 712-243-1258

Federal ID: 42-0958414

INVOICE DATE

SOLD TO:

VIRGIL MOELLER VAMCO INC HWY 16 & 63 N PO BOX 109

SPRING VALLEY, MN 55975

YOUR ORDER

INVOICE

#: 200302688-I

SALES ORDER #:

Page 1 of 1

SHIPPED TO:

Load Marrager

DONS FARM SUPPLY NEWELL, IA

	1
ARCER SOURCE	SHIPPED: 4

2/25/2003	Net 15	Load Marager	
	Wets Performed	Tax	Park # 2a Jan
MAHEAT MIDDS - RUSH C	CITY to NEWELL Rate=15.00 - 24.14 Ton		\$362.10 \$362.10

SALESTAN

PAYMENT TERMS

Connents	PU#112393/MOELLER

SUBTOTAL: \$362,10 FREIGHT: \$0.00 0.00% TAX: \$0.00 OTHER TAX: \$0.00 OTHER: \$0.00

TOTAL \$362.10

ATLANTIC CARRIERS INC

Quality Transportation at a Fair Price!!!!!!

PO Box 457 Atlantic IA 50022 712-243-1258

Federal ID: 42-0958414

SOLD TO:

VIRGIL MOELLER VAMCO INC HWY 16 & 63 N PO BOX 109

SPRING VALLEY, MN 55975

INVOICE

#: 200302750-1

SALES ORDER #:

Page 1 of 1

SHIPPED TO:

FARMLAND INDUSTRIES

FREMONT, NE

INVOICE DATE	YOUR ORDER =	PAYMENT TERMS	SALEBITATI	ORDER SOURCE	SHIP	SED MA
2/25/2003		Net 15		Load Manager		
	THE MONT Prince	Mary Performed			\$455.40	\$455.40

	Store Performed		عجسه	
WHEAT MIDDS - LAKE CITY to FREM			\$4	<u> 55.4</u>
WHEN I MIDDS - DAKE ON I WITH I				
				į
				1

PU#112367

SUBTOTAL: \$455.40 FREIGHT: \$0.00 0.00% TAX: \$0.00 OTHER TAX: \$0.00 OTHER: \$0.00

TOTAL \$455.40

ATLANTIC CARRIERS INC

Quality Transportation at a Fair Price!!!!!!

PO Box 457 Atlantic IA 50022 712-243-1258

Federal ID: 42-0958414

SOLD TO:

VIRGIL MOELLER VAMCO INC HWY 16 & 63 N PO BOX 109

SPRING VALLEY, MN 55975

INVOICE

#: 200305015-I

SALES ORDER #:

Page 1 of 1

SHIPPED TO:

FOOD WASTE SOLUTIONS ANAMOSA, IA

	YOUR ORDER	PAYMENT TERMS	SALES"A".	ORDER SOURCE	SHIPPED VIA
17.VOICE DATE		Net 15		Loud Manager	
-4/0/2003					

	Tax	Price	Ашош ′
Clock Perforance		\$327.60	\$327.60
WHEAT MIDDS - LAKE CITY to ANAMOSA Rate=13.00 - 25.2 Ton	┞╞╡ ┼	9027.00	\$13.10
		\$13.10	\$13.10
FUEL SURCHG			

PU# 138488

SUBTOTAL: \$340.70 FREIGHT: \$0.00 0.00% TAX: \$0.00 \$0.00 OTHER TAX: OTHER: \$0.00

TOTAL \$340.70

FORM B10 (Official Form 10)(4/01) UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST		
Name of Debtor VIRGIL MOELLER	Case Number 03-33611	
	☐ Check box if you are aware that	VATE OF A
Name of Creditor (The person or other entity to whom the debtor owes money or property): SUNDRUP TRANSFER INC Name and Address where notices should be sent: SUNDRUP TRANSFER INC PO BOX 105 ARCADIA IA 51430-0105 Telephone Number: 7/2 689 2468	anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	AN 19 2003
Account or other number by which creditor identifies debtor:	Check here if preplaces this claim amends a previously	y filed claim, dated
Basis for Claim Goods sold Goods sold Goods sold Goods performed Money loaned Personal injury/wrongful death Taxes Taxes	Retiree benefits as defined in 11 U.S. Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation (find Your SS #: Unpaid compensation for services perform to (date)	C. §1114(a) Ili out below)
Other	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete the complete complete the complete t	minon to the principal amount of the chain.	Attach itemized statement of all
5. Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff).	6. Unsecured Priority Claim. Check this box if you have an unsecured Amount entitled to priority \$	
Brief Description of Collateral: Real Estate Motor Vehicle Other	Wages, salaries, or commissions (up to before filing of the bankruptcy petition business whichever is earlier - 11 U.S.	n or cessation of the debtor's S.C. § 507(a)(3).
Value of Collateral: \$	☐ Contributions to an employee benefit ☐ Up to \$ 2,100* of deposits toward pure	plan - 11 U.S.C. §507(a)(4). rchase, lease, or rental of property or shold use - 11 U.S.C. § 507(a)(6).
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Alimony, maintenance, or support ow child - 11 U.S.C. § 507(a)(7). ☐ Taxes or penalties owed to governme. ☐ Other - Specify applicable paragraph	ntal units - 11 U.S.C. § 507(a)(8).
	*Amounts are subject to adjustment on with respect to cases commenced on a	4/1/V4 and every 3 years thereafter or after the date of adjustment.
 7. Credits: The amount of all payments on this claim has purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, consecurity agreements, and evidence of perfection of liest DOCUMENTS. If the documents are not available, explain attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filt self-addressed envelope and copy of this proof of claim. 	s, such as promissory notes, purchase intracts, court judgments, mortgages, n. DO NOT SEND ORIGINAL. If the documents are voluminous, ting of your claim, enclose a stamped,	U.S. BANKRUPTCY COURT 200 U.S. COURTHOUSE 316 NORTH ROBERT STREET ST. PAUL, MN 55101
Date Sign and print the name and title, if any, of the c file this claim (attach copy of power of attorney,	if any):	J
Penalty for presenting fraudulent claim: Fine of up to \$500,000 o	imprisonment for up to 5 years, or both, 1	8 U.S.C. §§ 152 and 3571.

Invoice Number: 32832

Invoice Date: 03/26/2003 Due Date: 04/25/2003

Invoice To: MOELLE
Statement To: MOELLE

SUNDRUP TRANSFER, INC.

200 CORNING ST P O. BOX 105 ARCADIA, IA 51430 PHONE (712) 689 246842

Invoice To

MOELLER FARMS

P.O. BOX 109

SPRING VALLEY, MN 55975

Shipper:
CARGILL INC
LAKE CITY, MN

Consignee:

CARGILL ATLANTIC, IA

 Qty Description
 Weight As Wght Miles
 Rate
 Amount

 MIDDS
 49,600
 17.00 Ton
 \$421.60

 TOTAL AMOUNT DUE
 \$421.60

PICK/DROP COMPANY NAME	CITY,STATE	PO/SHIPPER NO	DATE
PICK/DROP COMPANT TO MALE		135098	03/26/03
PICK CARGILL INC	LAKE CITY, MN	122090	
DROP CARGILL	ATLANTIC, IA		03/26/03
DRUP CANGILL			

1	TRUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
	40	97BC	RICK SUNDRUP		32832

Invoice Number: 32860 Invoice Date: 03/17/2003 Due Date: 04/16/2003

Invoice To: MOELLE Statement To: MOELLE

SUNDRUP TRANSFER, INC.

200 CORNING ST P.O. BOX 105

ARCADIA, IA 51430 PHONE (712) 689 246842

Invoice To

MOELLER FARMS

P.O. BOX 109 SPRING VALLEY, MN 55975 Shipper: **CARGILL INC** LAKE CITY, MN

Consignee:

BLOOM'N'EGG FARM BLOOMFIELD, NE

Oty Description	Weight As Wght	Miles Rate	Amount
MIDDS	50,800	19.00 Ton	\$482.60
Fuel Surcharge 5%	TOTAL	AMOUNT DUE	\$24.13 \$506.73

F	PICK/DROP	COMPANY NAME	CITY,STATE	PO/SHIPPER NO	DATE
	PICK	CARGILL INC	LAKE CITY, MN	129627	03/17/03
		BLOOM'N'EGG FARM	BLOOMFIELD, NE		03/17/03

TRUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
50	202A	R	ONALD SUNDRUP	32860

Invoice Number: 32807 Invoice Date: 03/11/2003

Due Date: 04/10/2003 Invoice To: MOELLE Statement To: MOELLE

SUNDRUP TRANSFER, INC.

200 CORNING ST PO BOX 105 ARCADIA, IA 51430 PHONE (712) 689 246842

MOELLER FARMS

SPRING VALLEY, MN 55975

P.O. BOX 109

Shipper:

CARGILL INC LAKE CITY, MN

Invoice To

Consignee:

DON'S FARM SUPPLY

NEWELL, IA

Amount Rate Weight As Wght Miles Qty Description \$300.36 12.00 Ton 50,060 MIDDS \$15.02

Fuel Surcharge 5% TOTAL AMOUNT DUE

\$315.38

PICK/DROP COMPANY NA	ME CITY,STATE	PO/SHIPPER NO	DATE
PICK: CARGILL INC	ALCE OUTV. NA	N 125753	03/11/03
DROP DON'S FARM			03/11/03

TRUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
INOUN				32807
40	202B	RICK SUNDRUP		02001

Invoice Number: 32816 Invoice Date: 03/14/2003 Due Date: 04/13/2003

Invoice To: MOELLE Statement To: MOELLE

SUNDRUP TRANSFER, INC.

200 CORNING ST P O. BOX 105 ARCADIA, IA 51430 PHONE (712) 689 246842

Invoice To

MOELLER FARMS

P.O. BOX 109 SPRING VALLEY, MN 55975 Shipper: CARGILL INC LAKE CITY, MN

Consignee:

DON'S FARM SUPPLY

NEWELL, IA

Qty Description	Weight As Wght	Miles Rate	Amount
MIDDS	52,220	12.00 Ton	\$313.32
Fuel Surcharge 5%			\$15 67
Fuel Suichaige 5 %	TOTAL	AMOUNT DUE	\$328.99

TOTAL AMOUNT DUE

PICK/DROP	COMPANY NAME	CITY,STATE	PO/SHIPPER NO	DATE
PICK	CARGILL INC	LAKE CITY, MN	128860	03/14/03
	DON'S FARM SUPPLY	NEWELL, IA		03/14/03

TRUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
40	2028	RICK SUNDRUP		32816

Invoice Number: 32801 Invoice Date: 03/06/2003

Due Date: 04/05/2003 Invoice To: MOELLE Statement To: MOELLE

SUNDRUP TRANSFER, INC.

200 CORNING ST P O. BOX 105 ARCADIA, IA 51430 PHONE (712) 689 246842

Shipper: **CARGILL INC**

Invoice To

MOELLER FARMS

P.O. BOX 109 SPRING VALLEY, MN 55975 Consignee:

DON'S FARM SUPPLY

NEWELL, IA

LAKE CITY, MN

Rate Amount Miles Weight As Wght Qty Description 12.00 Ton \$301.20 50,200 MIDDS \$15.06

Fuel Surcharge 5%

TOTAL AMOUNT DUE

\$316.26

PICK/DROP	COMPANY NAME	CITY,STATE	PO/SHIPPER NO	DATE
PICK.	CARGILL INC	LAKE CITY, MN	122375	03/06/03
DROP	DON'S FARM SUPPLY	NEWELL, IA		03/06/03

TRUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
40	202A	RICK SUNDRU	Ρ	32801

Invoice Number: **32788**Invoice Date: 02/25/2003

Statement To: MOELLE

Due Date: 03/27/2003 Invoice To: MOELLE

SUNDRUP TRANSFER, INC.

200 CORNING ST O BOX 105 ARCADIA, IA 51430 PHONE (712) 689 246842

Shipper:

CARGILL INC LAKE CITY, MN

Invoice To

MOELLER FARMS

P O. BOX 109 SPRING VALLEY, MN 55975 Consignee:

GOLD EAGLE COOP EAGLE GROVE, IA

Oty Description	Weight As Wght	Miles Rate	Amount
MIDDS	50,040	10.00 Ton	\$250.20
Fuel Surcharge 3%			\$7.51
r der Surcharge 376	TOTAL	AMOUNT DUE	\$257.71

ICK/DROP	COMPANY NAME	CITY,STATE	PO/SHIPPER NO	DATE
	CARGILL INC	LAKE CITY, MN EAGLE GROVE, IA	116080	02/25/03 02/25/03
DROP	GOLD EAGLE COOP	EAGLE GROVE, IA		OL/LO/OU

RUCK	TRAILER	TRAILER	2nd DRIVER	TRIP NO
0	202B	RICK SUNDRUP		32788

FORM <u>B10</u> (Official Form 10)(4/01)			
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (S	T. PAUL)		
	Case Number		
Name of Debtor	Case Number 03-33611	1	
VIRGIL MOELLER			
No. 20 Company of the		The same of the sa	
		UNTE	
Name of Creditor (The person or other entity to whom the debtor	Check box if you are aware that anyone else has filed a proof of	(& & S)	
owes money or property): BAJA ENTERPRISES	claim relating to your claim. Attach	E 4 3	
Name and Address where notices should be sent:	copy of statement giving particulars.	B 0, B	
BAJA ENTERPRISES	Check box if you have never received any notices from the		
9930 WEST CEDARWAPSIE ROAD	bankruptcy court in this case.	THE TOTAL STREET	
CEDAR FALLS IA 50613	☐ Check box if the address differs		
	from the address on the envelope sent to you by the court.	<u>"</u>	
Telephone Number: 319 - 277 - 0939			
Account or other number by which creditor identifies debtor:	Check here if replaces this claim aprevious	ly filed claim, dated	
	D Petires benefits as defined in 11 U.S.	.C. §1114(a)	
1. Basis for Claim	☐ Wages, salaries, and compensation (fill out below)	
Goods sold Services performed	Vour SS #		
Money loaned	Unpaid compensation for services performto	orionium.	
Personal injury/wrongful death Taxes	(date) (date)		
Other			
2. Date debt was incurred:	3. If court judgment, date obtained:		
4. Total Amount of Claim at Time Case Filed:	\$ 2408.04		
If all or part of your claim is secured or entitled to priority, also co	omplete Item 5 or 6 below.	Attach itemized statement of all	
Check this box if claim includes interest or other charges in au	kataon to the principal amount of the claim	in a popular programme of the control of the contro	
interest or additional charges. 5. Secured Claim.	6. Unsecured Priority Claim.	itu alaim	
Check this box if your claim is secured by collateral	Check this box if you have an unsect Amount entitled to priority \$	ared priority claus	
(including a right of setoff).	Specify the priority of the claim:		
Brief Description of Collateral: Real Estate Motor Vehicle	Wages salaries or commissions (up	to \$4,650),* earned within 90 days	
Other	before filing of the bankruptcy petition business, whichever is earlier - 11 U	on or cessation of the deptor's	
	Contributions to an employee benefit	t plan - 11 U.S.C. §50/(a)(4).	
Value of Collateral: \$	I I I I I to \$ 2 100# of denosite toward no	mchase, lease, or rental of property or	
	services for personal, family, or house Alimony, maintenance, or support of	senoid use - 11 U.S.C. § 30/(8)(0).	
	abita 11 II S C & 507(a)(7)		
Amount of arrearage and other charges at time case filed	Tower or penalties awed to governme	ental units - 11 U.S.C. § 507(a)(8).	
included in secured claim, if any: \$	Other - Specify applicable paragraph	n or 11 U.S.C. § 50/(B)().	
	Amounts are subject to adjustment on	4/1/04 and every 3 years thereafter	
	with respect to cases commenced on	or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has	been credited and deducted for the	SEND CLAIM TO:	
purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting document	ts, such as promissory notes, purchase	U.S. BANKRUPTCY COURT	
involve invoices itemized statements of minning accounts, of	ontracts, court judgments, mortgages,	200 U.S. COURTHOUSE	
security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous,		316 NORTH ROBERT STREET ST. PAUL, MN 55101	
uttuch a grammont	i ,	DI.1100, MIL 00101	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped,		1/);+	
self-addressed envelope and copy of this proof of claim.		\mathcal{C}^{L}	
Date Sign and print the name and title, if any, of the creditor or other person authorized to		\ \	
file this claim (attach copy of power of attorney	, if any):	$\mathbf{\mathcal{I}}$	
Penalty for presenting fraudulent claim: Fine of up to \$500,000	> president		
Panalty for presenting fraudulent claim: Fine of up to \$500,000	or imprisonment for up to 5 years, or both.	18 U.S.C. §§ 152 and 3571.	

9930 West Cedar Wapsie Road Cedar Falls, 1A 50613 319.277.0939 Fax 319.277.8338

Invoice

Date	invoice #
10/30/2002	3230

and the second s
Bill To
Vamco
PO Box 109
Spring Valley, MN 55975

					Terms
					Net 30
ORIGIN	DESTINATION	UNLOAD#	QUANTITY	RATE	AMOUNT
38639 Lake City, MN	Eagle Grove, IA	JE2337	24.27	10.20	247.55
			,	:	
Past due accounts are charged	1 1.5% monthly, 18% annually.		Total		\$247.55

Pulling for American Agriculture

9930 West Cedar Wapsie Road Cedar Falls, IA 50613 319.277.0939 Fax 319.277.8338

Invoice

Date	Invoice #		
11/12/2002	3315		

Bill To

Vanico PO Box 109 Spring Valley, MN 55975

					Terms
					Net 30
ORIGIN	DESTINATION	UNLOAD#	QUANTITY	RATE	AMOUNT
44521 Lake City, MN	Eagle Grove, IA	JE3037	26.28	10.25	269.37
	:	\ 			
Past due accounts are charged	1.5% monthly, 18% annually.		Total		\$269.37

Pulling for American Agriculture

9930 West Cedar Wapsie Road Cedar Falls, IA 50613 319.277.0939 Fax 319.277.8338

Invoice

Date	Invoice #
2/19/2003	4054

Bill To		
Vamco		
PO Box 109 Spring Valley, N	MN 55975	

Terms
Net 30

ORIGIN	DESTINATION	UNLOAD#	QUANTITY	RATE	AMOUNT
108991 Lake City, MN 108302 Lake City, MN 107194 Lake City, MN 108938 Lake City, MN	Newell, IA Goldfield, IA Lincoln, NE Goldfield, IA	378 J60539 376337-2 J60540	24.86 24.79 25.07 25.96	12.00 10.00 22.00 10.00	298.32 247.90 551.54 259.60
Past due accounts are charged	1.5% monthly, 18% annually.		Total		\$1,357.36

9930 West Cedar Wapsie Road Cedar Falls, IA 50613 319.277.0939 Fax 319.277.8338

Invoice

Date	Invoice #
2/24/2003	4098

Bill To		
Vamco PO Box 109 Spring Valley	, MN 55975	
i		

Terms
Net 30

ORIGIN	DESTINATION	UNLOAD#	QUANTITY	RATE	AMOUNT
113226 Lake City, MN	Goldfield, IA		22.74	10.00	227.40
!					
•					
!					
Past due accounts are charged	1 59/ monthly 189/ annually				4007.40
Past que accounts are charged	1.5 /6 monuny, 16 /6 annuany.		Total		\$227.40

9930 West Cedar Wapsie Road Cedar Falls, IA 50613 319.277.0939 Fax 319.277.8338

Invoice

Date	Invoice #
4/14/2003	4632

Bill To

Vamco
PO Box 109
Spring Valley, MN 55975

					Terms
					Net 30
ORIGIN	DESTINATION	UNLOAD#	QUANTITY	RATE	AMOUNT
141143 Horizon Milling Lake City, MN	Newell, IA		25.53	12.00	306.36
Past due accounts are charged	d 1.5% monthly, 18% annually.		Total	w/m/m/	\$306.36

FORM B10 (Official Form 10)(4/01)		
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST	r. PAUL)	
Name of Debtor	Case Number	
VIRGIL MOELLER	03-33611	
8		
		UNITED 62
Name of Creditor (The person or other entity to whom the debtor	☐ Check box if you are aware that	Record B
owes money or property):	anyone else has filed a proof of claim relating to your claim. Attach	W 20 2003
FOUR CORNERS Name and Address where notices should be sent:	copy of statement giving particulars.	4 2 2003
	Check box if you have never	
FOUR CORNERS 3118 HWY 92	received any notices from the bankruptcy court in this case.	TCY CO
AINSWORTH IA 52201	Check box if the address differs	UNI AND MEDICAL PARTS
	from the address on the envelope	1
Telephone Number: 319-657-4441	sent to you by the court.	
Telephone Number: OI OO I I I I I I I I	Check here if preplaces	C1-1 alaina datad
Account or other number by which creditor identifies debtor:	, 	y filed claim, dated
1. Basis for Claim	Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation (fi	(ll out below)
Goods sold Services performed	Vour CC #	
Money loaned	Unpaid compensation for services per	rformed
Personal injury/wrongful death	fromtoto	
☐ Taxes	(date) (date)	
2. Date debt was incurred: 3/25/03, 3/27/03 4/4/03	3. If court judgment, date obtained:	
3/2010, 3/2 1105 7/4/05	\$ 438,55	
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also co	lote Item 5 or 6 below	
If all or part of your claim is secured or entitled to priority, also con. Check this box if claim includes interest or other charges in add	dition to the principal amount of the claim.	Attach itemized statement of all
interest or additional charges.	6. Unsecured Priority Claim.	
5. Secured Claim. Check this box if your claim is secured by collateral	Check this box if you have an unsecus	red priority claim
(including a right of setoff).	Amount entitled to priority \$	
Rrief Description of Collateral:	Specify the priority of the claim: Wages, salaries, or commissions (up to	o \$4,650),* earned within 90 days
Real Estate Motor Vehicle Other	hefore filing of the bankruptcy petitio	n or cessation of the debtor's
	business, whichever is earlier - 11 U.S. Contributions to an employee benefit	S.C. § 507(a)(3). plan = 11 U.S.C. \$507(a)(4).
Value of Collateral: \$	TITLE to \$ 2 100 to of denocity toward but	rchase, lease, or rental of property of
	commisses for personal family or house	ehold use - 11 U.S.C. § 50/(8)(0).
	☐ Alimony, maintenance, or support ow	ved to a spouse, former spouse, or
f	child - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governme	ntal units - 11 U.S.C. § 507(a)(8).
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	Other - Specify applicable paragraph	of 11 U.S.C. § 507(a)().
	*Amounts are subject to adjustment on	4/1/04 and every 3 years thereafter
	with respect to cases commenced on	or after the date of adjustment.
7. Credits: The amount of all payments on this claim has	been credited and deducted for the	SEND CLAIM TO:
purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents		U.S. BANKRUPTCY COURT
i make invoices itemized statements of minning accounts, co	ntracts, court judgments, mortgages, i	200 U.S. COURTHOUSE
according agreements and evidence of perfection of life	in. DO NOI SEND ORIGINAL I	316 NORTH ROBERT STREET
IXXCUMENTS. If the documents are not available, explain	. If the documents are voluntimous,	ST. PAUL, MN 55101
attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the fil	ling of your claim, enclose a stamped,	11.1
self-addressed envelope and copy of this proof of claim.	ļ ļ	
Date Sign and print the name and title, if any, of the c	reditor or other person authorized to	
file this claim (attach copy of power of attorney)	/Many): // / /)
1913/03/	estably years	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 o	r imprisonment for up to 5 years, or both.	B U.S.C. §§ 152 and 3571.
Leunin los bieseumstrament come y me of at a description	2: //anaoros ///	<i>(</i>

MOELLER	DATE	INVOICE #	AMOUNT	TOTAL
	1/22/03	4413	\$170.00	\$170.00
BALANCE DUE				\$170.00
FEB 15,2003	2/20/03	payment	\$170.00	\$0.00
	3/25/03	4919	\$76.46	\$76.46
	3/27/03	4945	\$160.56	\$237.02
BALANCE DUE 04/	15/03			\$237.02

MOELLER	DATE	INVOICE #	AMOUNT	TOTAL
BEGINNING BALANC	E			\$237.02
	4/4/03	5443	\$189.33	\$426.35
	4/15/03	finance	\$2.84	\$429.19
	5/15/03	finance	\$2.88	\$432.07
	6/1/03	finance	\$6.48	\$438.55

Four Corners Fuel

Ainsworth, Iowa 52201 Phone 657-3200

AMOUNT 189 TOTAL PAID PRICE ON MDSE. ACCT. RETD Customer's 2002 Date H ₹¥ ఠ MILAGE DESCRIPTION Mari LUBRICATION c.o.p CAR NO. LICENSE NO. GREASE)8 Oleans. SOLD BY CASH OTS. Address Name -QUAN.

All claims and returned goods MUST be accompanied by this bill $Thank \mathcal{O} u$ image Graphics, Washington, IA

5883079-01 FOUR CORNERS FIEL CS12 HAY 218 PG BOX AINSMORTH IA Descr. 4ty amount

DIES CK #09 50.0096 76.46

SELF 01.529/5
Sub Total 76.46

Sub Total 76.46 TOTAL 76.46 HOUSE ACCOUNT RCPT

I AGREE TO PAY ABOVE TOTAL AMOUNT

BUYER'S STONATURE ID

RESH 0001 CSHH 003 DR# 01 TRANH 14344 03/25/03 13:25:01 ST# ABLZ3

Four Corners Fuel 3118 Hwy 92 Amoco Ainsworth, Iowa 52201 Phone 657-3200

Customer's Order No.	
	11BOX on raino
Address	858
Sold BY	CASH C.OD CHANGE ON MOSE. PAID
QUAN	DESCRIPTION PRICE AMOUNT
05.00	ONGALS. CASOLINE 1534 110056
	OIL OIL
	GREASE
	LUBRICATION
	Tax
CARNO	CAR NO. LICENSE NO. MILAGE TOTAL 160 CL
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	Thank 'you image Graphics, Washington, IA

CANTON AYERS DIL COMPANY P.O. BOX 229 PHONE (573)288-4464

3 63435

STATEMENT

5/31/03

2543

5/31/03 2543

	P.O. BOX 109 SPRING VALLEY MN 55975
	1975
PAGE NO.	

MOSILIER FARM

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			1 1 73, 11	PLEASE PAY	F - FINANCE CHARGE		A - DISCOUNT ALLOWED	P - PAYMENT I - INVOICE	, 🚮
					UPON RECEIPT OF THIS	N RECET		ACCOUNT DUE	
644.38 8.94 505.79 14.00	Пнпн	11243 36495 94092 36626	644.38 653.32 1159.11 1173.11	644.38 8.94 505.79 14.00	STORE CHARGE Finance Charge STORE CHARGE Finance Charge	STORE Financ STORE Financ	<u> </u>	3/31/03 4/30/03 4/30/03 5/31/03	11243 36495 94092 36626
AMOUNT	Code	REFERENCE Code AMOUNT	BALANCE	AMOUNT	DESCRIPTION		Code	DATE	

FORM <u>B10 (Official Form 10)(4/01)</u>	
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (S	T PAIT)
DISTRICT OF MINNESOTA IS	I.TAOU
Name of Debtor	Case Number
VIRGIL MOELLER	03-33611
	(DSD)
Name of Creditor (The person or other entity to whom the debtor	☐ Check box if you are aware that
owes money or property):	anyone else has filed a proof of
AYERS OIL	claim relating to your claim. Attach JUN 23 2003
Name and Address where notices should be sent:	copy of statement giving particulars. Check box if you have never
AYERS OIL	received any notices from the
PO BOX 229 CANTON MO 63435	bankruptcy court in this case.
CANTON MO 03433	Check box if the address differs from the address on the envelope
·	sent to you by the court.
Telephone Number:	
Account or other number by which creditor identifies debtor:	Check here if □ replaces this claim □ amends a previously filed claim, dated
	Retiree benefits as defined in 11 U.S.C. §1114(a)
1. Basis for Claim K Goods sold	☐ Wages, salaries, and compensation (fill out below)
Services performed	Your SS #:
☐ Money loaned	Unpaid compensation for services performed
Personal injury/wrongful death	fromto (date) (date)
Taxes Other	
2. Date debt was incurred:	3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed:	\$1100 11
I The II are most of yours alois is secured or entitled to priority also con	\$1173,11 mplete Item 5 or 6 below.
Check this box if claim includes interest or other charges in add	dition to the principal amount of the claim. Attach itemized statement of all
interest or additional charges.	
5. Secured Claim.	6. Unsecured Priority Claim. ☐ Check this box if you have an unsecured priority claim
☐ Check this box if your claim is secured by collateral (including a right of setoff).	Amount entitled to priority \$
Brief Description of Collateral:	Specify the priority of the claim:
☐ Real Estate ☐ Motor Vehicle	☐ Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's
Other	business, whichever is earlier - 11 U.S.C. § 507(a)(3).
Value of Collateral: \$	Contributions to an employee benefit plan - 11 U.S.C. \$507(a)(4).
	Up to \$ 2.100* of deposits toward purchase, lease, or rental of property or
	services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or
	child - 11 U.S.C. § 507(a)(7).
Amount of arrearage and other charges at time case filed	☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
included in secured claim, if any: \$	Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().
	*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter
	with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has	
1	been credited and deducted for the
purpose of making this proof of claim.	been credited and deducted for the SEND CLAIM TO:
purpose of making this proof of claim. 8. Supporting Documents: Auach copies of supporting document. orders, invoices, itemized statements of running accounts, co	been credited and deducted for the s. such as promissory notes, purchase nitracts, court judgments, mortgages,
purpose of making this proof of claim. 8. Supporting Documents: Auach copies of supporting documents orders, invoices, itemized statements of running accounts, consecurity agreements, and evidence of perfection of lies	been credited and deducted for the s, such as promissory notes, purchase entracts, court judgments, mortgages, n. DO NOT SEND ORIGINAL SEND CLAIM TO: U.S. BANKRUPTCY COURT 200 U.S. COURTHOUSE 316 NORTH ROBERT STREET
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AYERS OIL COMPANY
P.O. BOX 229
PHONE (57%)288-4464
CANTON

MO 63435

STATEMENT

3/31/03 2543 5/31/03 2543

MOELLER FARM P.O. BOX 109 SPRING VALLEY MN 55975

PAGE NO.

To insure proper credit please check those items being paid in the ">" column and return this portion of the statement with your payment.

Reference	DATE	Code	DESCR	IPTION	AMOUNT		BALANCE	REFERENCE	Code	→ TNUOMA
11243 36495 94092 36626	3/31/03 4/30/03 4/30/03 5/31/03	T	STORE CH Finance (STORE CH Finance (Charee ARGE	644.; e., 505.; 14.,(74 79	644.38 653.32 1159.11 1173.11	36495 9 409 2	F	644.38 8.94 505.79 14.00
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30 Day	INVOICE / eş					120	Days	AYERS D		OMEANY

0,41,666	S BANKRUPTCY COURT DISTRICT OF MINNESOTA (S	YT. PAUL)	
Name of Debtor		Case Number	
VIRGIL MOELLER	L	03-33611	acres to see any
			1
San San	· · · · · · · · · · · · · · · · · · ·		PROCESSOR OF THE PROCES
Mark Comment			O JIN OCOM. T
Name of Creditor (7	he person or other entity to whom the debtor	I Check box if you are aware that	BANKA ANG
owes money or prop	perty):	anyone else has filed a proof of claim relating to your claim. Attach	B
RTS Name and Address v	where notices should be sent:	copy of statement giving particulars.	The sales
		Check box if you have never received any notices from the	V COO!
RTS 220 S BROADWAY		bankruptcy court in this case.	
PO BOX 235	003	☐ Check box if the address differs	
ROCHESTER MN 55	707	from the address on the envelope	
Talanhona Number		sent to you by the court.	
Telephone Number:	ber by which creditor identifies debtor:	Check here if Preplaces	sly filed claim, dated
620	-002134		
1. Basis for Claim		Retiree benefits as defined in 11 U.S Wages, salaries, and compensation (fill out below)
☐ Goods sold☐ Services perform	rmed	Vour SS #	
☐ Money loaned		Unpaid compensation for services p	erformed
 Personal injury 	y/wrongful death	fromto(date)	
☐ Taxes ☐ Other		(0210)	
2. Date debt was	incurred:	3. If court judgment, date obtained:	
3/1/03	thru 5/31/03		
4. Total Amount o	f Claim at Time Case Filed:	s 877.22 complete Item 5 or 6 below.	. Attach itemized staten
4. Total Amount of If all or part of you Check this box interest or addition:	f Claim at Time Case Filed: r claim is secured or entitled to priority, also or if claim includes interest or other charges in ac al charges.	omplete Item 5 or 6 below. Idition to the principal amount of the claim	······································
4. Total Amount of all or part of you Check this box interest or additions 5. Secured Claim. Check this box	f Claim at Time Case Filed: r claim is secured or entitled to priority, also co if claim includes interest or other charges in ac al charges. if your claim is secured by collateral	omplete Item 5 or 6 below. Idition to the principal amount of the claim 6. Unsecured Priority Claim. Check this box if you have an unsecured.	······································
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05/31/03 ACCOUNT NUMBER 620-002134

MOELLER FARMS PO BOX 109 SP VALLEY MN 55975

AMOUNT ENCLOSED \$

RETURN THIS PORTION WITH PAYMENT

CHARGES AND CREDITS		AMOUNT
NET 1+ OUTBOUND	\$	60.16
NET 8xx INBOUND	\$	60.47
TOTAL FEES AND CHARGES	\$	16.04
PICC\$ 6.80 USF/REG\$ 8.34	ļ	
Paysur\$.90 Mofee\$.00		
	\$(.00)
	\$.00
FEDERAL TAXES	\$	4.10
STATE TAXES	\$	9.15
CITY TAXES	\$. 00
INVOICE SUBTOTAL \$ 149.92		
SVC CHG	\$	5.44
PAST DUE MAR & APR	\$	721.86
TOTAL DUE UPON RECEIPT	\$	877.22

PAY LAST AMOUNT IN THIS COLUMN

Rochester Telecom Systems, Inc. 507-287-6370 / 888-287-6370

Thank You

FORM <u>B10</u> (Official Form 10)(4/01)	
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (S	T. PAUL)
Name of Debtor VIRGIL MOELLER	Case Number 03-33611
VIRGIL MUELLER	
	A 92/
Name of Creditor (The person or other entity to whom the debtor	Check box if you are aware that
owes money or property): GREG LANE	anyone else has filed a proof of claim relating to your claim. Attach
Name and Address where notices should be sent:	copy of statement giving particulars.
GREG LANE	
2697 HAWTHORNE LANE	received any notices from the bankruptcy court in this case.
STILLWATER MN 55082	☐ Check box if the address differs
	from the address on the envelope
Telephone Number:	sent to you by the court.
	Check here if preplaces
Account or other number by which creditor identifies debtor: 484-60-2420	this claim
1. Basis for Claim Goods sold	☐ Retiree benefits as defined in 11 U.S.C. §1114(a) Wages, salaries, and compensation (fill out below)
Goods sold Services performed	Your SS #: 484 60 2420
☐ Money loaned	Unnaid compensation for services performed
Personal injury/wrongful death	from April 6, 2003 April 23, 2003 (date)
Taxes Other Paykou Depuctions for Medicar 2. Date debt was incurred:	(====,
2. Date debt was incurred:	3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed:	\$ 3230.57
It all or part of your claim is secured or entitled to priority, also co	mplete Item 5 or 6 below.
Check this box if claim includes interest or other charges in ad-	dition to the principal amount of the claim. Attach itemized statement of all
interest or additional charges. 5. Secured Claim.	6. Unsecured Priority Claim.
Check this box if your claim is secured by collateral	Check this box if you have an unsecured priority claim
(including a right of setoff).	Amount entitled to priority \$ 3230.57. Specify the priority of the claim:
Brief Description of Collateral: ☐ Real Estate ☐ Motor Vehicle	Wages, salaries, or commissions (up to \$4,650),* earned within 90 days
Other	before filing of the bankruptcy petition or cessation of the debtor's
Value of Callatamile #	business, whichever is earlier - 11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
Value of Collateral: \$	Up to \$ 2.100* of deposits toward purchase, lease, or rental of property or
	services for personal, family, or household use - 11 U.S.C. § 507(a)(b).
}	☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
Amount of arrearage and other charges at time case filed	☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
included in secured claim, if any: \$	Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().
	*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter
	with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has	been credited and deducted for the SEND CLAIM TO:
purpose of making this proof of claim. 8. Supporting Documents: Anach copies of supporting document	s, such as promissory notes, purchase IIS BANKRUPTCY COURT
orders, invoices, itemized statements of running accounts, co	ntracts, court judgments, mortgages, 200 ILS COURTHOUSE
security agreements, and evidence of perfection of lies DOCUMENTS. If the documents are not available, explain.	
attach a summary.	
9. Date-Stamped Copy: To receive an acknowledgment of the file	ing of your claim, enclose a stamped,
self-addressed envelope and copy of this proof of claim.	ויטוי
Date Sign and print the name and title, if any, of the	reditor or other person authorized to
6/23/2003 file this claim (attach copy of power of attorney),	if any):
CARROW T JAME / US	and I Take
Bought for preparing fourth and claim: Fine of un to 500 000 or	imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Gregory J. Lane 2697 Hawthorne Lane Stillwater, MN 55082 651-439-8259 Email gilane@attglobal.net

June 23, 2003

U S Bankruptcy Court U S Courthouse Rm 200 316 N Robert Street St Paul, MN 55101

Re: Case # 03-33611-GFK

Dear Sirs:

Please find the enclosed completed Proof of Claim, Form B10 that was sent to me by the Bankruptcy Court. I have also enclosed a copy of a letter presented to the debtor indicating the amounts that I felt were owed for wages. As you can see, it was signed and dated by Virgil Moeller on May 7, 2003 to acknowledge he had received the same and agreed with the amounts.

The last payroll period I was paid for was the period ending April 5, 2003. At that time there should have been a balance of \$1042 in the cafeteria fund for the 2003 payroll year. I presented documentation for a withdrawal on these funds on April 15, 2003 but did not receive them.

If you require any other documentation from me, please let me know.

Sincerely,

Gregory J. Lane

Gregory J. Lane 2697 Hawthorne Lane Stillwater, MN 55082

Email: gjlane@attglobal.net 651-439-8259

May 5, 2003

Vamco, Inc. P.O. Box 109 Spring Valley, MN 55082

To Whom It May Concern:

Since my termination/layoff date of April 23, 2003 I have not received any additional wages that are due to me. The last check I received was on April 14, 2003 for the pay period ending April 5, 2003. My calculations would show the following wages are still pending:

Week of April 6, 2003-April 12, 2003	\$841.74
Week of April 13, 2003-April 19, 2003	\$841.74
Period April 20, 2003-April 23, 2003	\$505.04
Total Wages Due	\$2188.52

In addition, my calculations would indicate the following for the cafeteria money set aside pretax to pay medical expenses and health insurance premiums.

Fund received from cafeteria account 2003. For 2002 year For 2003 year	\$129.80 \$1554.00
Deductions from payroll 2003 thru April 5 Deductions from final payroll 2003	\$2596.00 \$504.00
Cafeteria Balance 2003 Due	\$1546.00

I requested this amount on April 15th to pay my heath insurance premiums due on May 1, 2003. As of this time I have received no check.

If you find your records indicate something different from the above, please let me know immediately. If not, please remit these funds to me immediately.

Sincerely.

Gregory Lane

<- 4-03

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST	r. PAUL)
Name of Debtor VIRGIL MOELLER	Case Number 03-33611
	Received
Name of Creditor (The person or other entity to whom the debtor owes money or property): GAALSWYK BROS TRUCKING INC Name and Address where notices should be sent: GAALSWYK BROS TRUCKING INC PO BOX 265 TRIMONT MN 56176 Telephone Number:	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.
Account or other number by which creditor identifies debtor:	Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	Retiree benefits as defined in 11 U.S.C. §1114(a) Wages, salaries, and compensation (fill out below) Your SS #: Unpaid compensation for services performed fromto
2. Date debt was incurred:	3. If court judgment, date obtained:
2/21/03 - 4/18/03 4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also cor Check this box if claim includes interest or other charges in add interest or additional charges.	ition to the principal amount of the claim. Attach termized statement of the
5. Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other	6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim Amount entitled to priority \$
Value of Collateral: \$	Dusiness, whicheve is earlier 17 Co. \$ 507(a)(4). □ Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a)(4). □ Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. \$ 507(a)(6). □ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. \$ 507(a)(7). □ Taxes or penalties owed to governmental units - 11 U.S.C. \$ 507(a)(8).
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Taxes or penalties owed to governmental units = 11 C.S.C. § 507(a)(a). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
 7. Credits: The amount of all payments on this claim has purpose of making this proof of claim. 8. Supporting Documents: Anach copies of supporting documents orders, invoices, itemized statements of running accounts, cot security agreements, and evidence of perfection of lier DOCUMENTS. If the documents are not available, explain. attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filiself-addressed envelope and copy of this proof of claim. 	been credited and deducted for the s, such as promissory notes, purchase ntracts, court judgments, mortgages, n. DO NOT SEND ORIGINAL If the documents are voluminous,
Date Sign and print the name and title, if any, of the crifile this claim (attach copy of power of attorney, first or starting that the copy of power or starting that the copy of power or starting that the copy of t	reditor or other person authorized to if any): - imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

FORM B10 (Official Form 10)(4/01) UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (S	T. PAUL)	
Name of Debtor VIRGIL MOELLER	Case Number 03-33611	
		03 Ju
Name of Creditor (The person or other entity to whom the debtor owes money or property): POST BULLETIN Name and Address where notices should be sent: POST BULLETIN PO BOX 6118 ROCHESTER MN 55903	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ☐ Check box if you have never received any notices from the bankruptcy court in this case. ☐ Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone Number: 507-285-7600 Account or other number by which creditor identifies debtor:	Check here if	y filed claim, dated
Basis for Claim	Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation (for Your SS #: Unpaid compensation for services perfrom (date) (date)	ill out below)
Other Newspaper advertising Date debt was incurred:	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also co Check this box if claim includes interest or other charges in act interest or additional charges.	idition to the principal amount of the claim.	Attach itemized statement of all
5. Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other	6. Unsecured Priority Claim. Check this box if you have an unsecured Amount entitled to priority \$ Specify the priority of the claim: Wages, salaries, or commissions (up to before filing of the bankruptcy petitic business, whichever is earlier - 11 U.	o \$4,650),* earned within 90 days on or cessation of the debtor's S.C. \$ 507(a)(3).
Value of Collateral: \$	☐ Contributions to an employee benefit ☐ Up to \$ 2,100* of deposits toward pu services for personal, family, or hous ☐ Alimony, maintenance, or support ov	plan - 11 U.S.C. § 507(a)(4). rchase, lease, or rental of property or ehold use - 11 U.S.C. § 507(a)(6). wed to a spouse, former spouse, or
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Taxes or penalties owed to governme ☐ Other - Specify applicable paragraph *Amounts are subject to adjustment on	of 11 U.S.C. § 507(a)(). 4/1/04 and every 3 years thereafter
7. Credits: The amount of all payments on this claim has	with respect to cases commenced on	or after the date of adjustment.
purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting document orders, invoices, itemized statements of running accounts, or security agreements, and evidence of perfection of lie DOCUMENTS. If the documents are not available, explain attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the first	us, such as promissory notes, purchase ontracts, court judgments, mortgages, en. DO NOT SEND ORIGINAL n. If the documents are voluminous,	GEND CLAIM TO: U.S. BANKRUPTCY COURT 200 U.S. COURTHOUSE 316 NORTH ROBERT STREET ST. PAUL, MN 55101
Self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attorney	creditor or other person authorized to	7
7/9/03 Christy Blade Christy Penalty for presenting fraudulent claim: Fine of up to \$500,000	Blade Busines May or imprisonment for up to 5 years, or both.	18 U.S.C. §§ 152 and 3571.

Post-Bulletin Company, L.L.C.

3/06/30

salah meneratan dalah belarah dalah kebuah

MOELLER FARMS

2008 20 20

MONTHLY ADVERTISING STATEMENT \$219.30 -VEKIISING STATEMENT

3/06/30 507 346-2057 00 NOTES OF CONTRACT OF STORY

MOELLER FARMS HWY 16 & 63 NORTH PO BOX 109 SPRING VALLEY MN 55975

The two will expert whereast out the

POST BULLETIN COMPANY, L.L.C. P.O BOX 6118 ROCHESTER MN 55903-6118

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANICE

3/15 105261890- 205 07 S.E. MN CARRIER LOOKING 6 L15 E/MAR: 04, 11_P/MAR: 01, 03-08, 10-15

109.65

4/12 105269980- 205 07 S.E. MN CARRIER LOOKING 6 L15 P/MAR: 29,31_E/APR: 01,08_P/APR: 01-05,07-12 109.65

*TOTAL

\$219.30

ITATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

\$219.30

Post-Bulletin Company, L.L.C



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FORM B10 (Official Form 10)(4/01)		663 J. (6 6 2 2 6 3 J. (7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST	PAUL)	
Name of Liediot	Case Number 03-33611	11 CO 11 F
to the second of		RECEIVED JUL 16 AM 10 BANKAUFICI CO ST. PAUL, IM
owes money or property): KWIK TRIP Name and Address where notices should be sent:	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ☐ Check box if you have never received any notices from the bankruptcy court in this case. ☐ Check box if the address differs from the address on the envelope sent to you by the court.	RECEIVED 83 JUL 16 AN 10: 01 US. BANKRUFICI COURT ST. PAUL, MA
Telephone Number: Account or other number by which creditor identifies debtor:	Check here if replaces this claim amends a previous	y filed claim, dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation (for SS #: Unpaid compensation for services perfrom (date) (date)	C. §1114(a) ill out below)
2. Date debt was incurred: 30.03	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also com Check this box if claim includes interest or other charges in addinterest or additional charges.	to the principal anional of the vitalian	Attach itemized statement of all
5. Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other	6. Unsecured Priority Claim. ☐ Check this box if you have an unsecured Amount entitled to priority \$	o \$4,650),* earned within 90 days on or cessation of the debtor's
Value of Collateral: \$	Contributions to an employee benefit Up to \$ 2,100* of deposits toward pu	plan - 11 U.S.C. §507(a)(4). rchase, lease, or rental of property or ehold use - 11 U.S.C. § 507(a)(6).
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	□ Alimony, maintenance, or support ov child - 11 U.S.C. § 507(a)(7). □ Taxes or penalties owed to governme □ Other - Specify applicable paragraph	ntal units - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)().
	*Amounts are subject to adjustment on with respect to cases commenced on	4/1/04 and every 3 years thereafter or after the date of adjustment.
	with respect to cases commenced on	J. 14,500. 1.1.0
7. Credits: The amount of all payments on this claim has purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, cor security agreements, and evidence of perfection of lien DOCUMENTS. If the documents are not available, explain. attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filisely-addressed envelope and copy of this proof of claim.	been credited and deducted for the s, such as promissory notes, purchase ntracts, court judgments, mortgages, n. DO NOT SEND ORIGINAL If the documents are voluminous,	SEND CLAIM TO: U.S. BANKRUPTCY COURT 200 U.S. COURTHOUSE 316 NORTH ROBERT STREET ST. PAUL, MN 55101
purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, cor security agreements, and evidence of perfection of lien DOCUMENTS. If the documents are not available, explain.	been credited and deducted for the s, such as promissory notes, purchase ntracts, court judgments, mortgages, n. DO NOT SEND ORIGINAL If the documents are voluminous, ing of your claim, enclose a stamped, reditor or other person authorized to	SEND CLAIM TO: U.S. BANKRUPTCY COURT 200 U.S. COURTHOUSE 316 NORTH ROBERT STREET ST. PAUL, MN 55101



Customer Service: (608) 793-6310 or (800) 305-6666

Hours: 7am to 7pm Monday - Friday

Fax#: (608) 781-7517

Page: 1

Account#: 00128451 VAMCO INC-MOELLER FARMS

6-10-03

Balance Due Before 425/2003: 2,680.27

OR Immediate Collection proceedings 2,680.27

Amount Enclosed \$

VAMCO INC-MOELLER FARMS ATTN: VIRGIL MOELLER

PO BOX 109

SPRING VALLEY MN 55975

Please indicate any address or phone number changes above.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Page:

128451 VAMCO INC-MOELLER FARMS Account#:

Date 5/31

Invoice# Store Product PPG

Gallons In-Store Amount

\$2500.

FINCHG ADJ Finance Charge

Please note your credit limit has been adjusted from \$10000 To

Your account has been CLOSED for default of payments.

The price of diesel fuel DOES include Federal motor fuel taxes & DOES NOT contain visible evidence of dye.

Balance S	umma	ry	Credit Summary As Of 5/31/2003
Previous Balance	Ś	2,641.06	Credit Limit \$ 2,500
New Purchases	\$.00	Available \$
Adjustments	\$.00	
Payments	\$.00	Aging Summary
raymenes	•		Days 0- 30 \$ 39.21
Finance Charge	\$	39.21	31- 60 \$ 826.51
11	•		61- 90 \$ 1,814.55
Balance Due	\$		Received By 6/23/2993
OR-	\$	-2,720.4 7	Received After 6/30/2003
Statement Da	ite:	6/02/2003	Invoices On This Statement: 0

Terms: Net 25 Days Periodic Rate: 1.50% Annual Percentage Rate: 18.00%

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property and the media of \$150.		DDOOF OF CLAIM
UNITED STATES BANKRUPTCY COURT DISTRICT OF	MINNESOTA	PROOF OF CLAIM
Name of Debtor: MOELLER FARMS	Case Number: 03-33611	
NOTE: This furnt should not be used to make a claim for an administrative expensive guest. For payment of an administrative expense may be filed pursuant to 11 U	ase arising after the commencement of the case. A .S.C. § 503.	
Name of Creditor: (The person or entity to whom the debtor owes money or property) BAUER BUILT INC	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any	
Name and address where notices should be sent: BAUER BUILT INC PO BOX 248 DURAND WI 54736	notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Telephone number: 715-672-8602		4
Account or other number by which creditor identifies debtor: 385140	Check here replaces a previously fil if this claim:	ed court claim, dated:
1. Basis for Claim: Goods sold Services performed Money loaned Personal injury wrongful death Taxes Other	Retiree benefits as defined in 11 Wages, salaries, and compensati Your SS# Unpaid compensations for servi from (date)	ions (Fill out below)
2. Date debt was incurred: JANUARY 17,2003	3. If court judgment, date obtain	ed:
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority Check this box if claim includes interest or other charges in of all interest or additional charges.	s 2,831.60 y, also complete Item 5 or 6 below. n addition to the principal amount of the	ne claim. Attach itemized statement
5. Secured Claim Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other Vaiue of Collateral: S Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	Amount entitled to priority class Specify the priority of the claim Wages, salaries, or commissions (up of the bankruptey petition or cessatism — 11 U.S.C. § 507(a)(3) Contributions to an employee ben Up to \$2,100° of deposits toward propersonal, family, or household Alimony, maintenance, or support 11 U.S.C. §507(a)(7) Taxes or other penalties of govern Other, a Specify annicable parameters.	aim \$
 Credits: The amount of all payments on this claim has purpose of making this proof of claim. Supporting Documents: Attach copies of supporting notes, purchase orders, invoices, itemized statements of judgments, mortgages, security agreements, and eviden SEND ORIGINAL DOCUMENTS. If the documents documents are voluminous, attach a summary. Date-Stamped Copy: To receive an acknowledgment o stamped, self-addressed envelope and copy of this proof 	g documents, such as promissory frunning accounts, contracts, court ace of perfection of lien. DO NOT are not available, explain. If the fthe filing of your claim, enclose a f of claim.	U.S. BANKRUPTCY COURT 200 U.S. COURTHOUSE 316 NORTH ROBERT SREET ST. PAUL MN 55101
	ditor or other person authorized to file this claim LINDA BRANTNER, LSST. CR. MANAGER	<u>"</u>

Page 1 08/01/03 09:10:29	Mode - Real Time As of 08/01/03 Co	BR IN BANKRUPTCY BR IN BANKRUPTCY	38.31 38.31 38.31 41.17 2,675.50	2,831.60 2,831.60 2,830.60 5,813.69 31,844.74 3,311.31 F24=More	
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UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

KRUPTCY COURT
INNESOTA

CASE NO. 03-5611 CFK

IN RE: VIRGIL MOELLER

PROOF OF CLAIM

1. The undersigned attorney, whose address is as shown below, is the agent of and is authorized to make this claim on behalf of the claimant:

CenturyTel of Minnesota, Inc. d/b/a CenturyTel.

- 2. The debtor was, at the time of the filing of the petition initiating this case, and still is indebted to this claimant in the sum of \$725.70.
 - 3. The consideration for this debt is telephone services provided to the debtor.
 - 4. The writing on which this claim is founded (duplicates thereof) is attached hereto.
 - 5. This claim is founded upon an open account.
 - 6. No judgment has been rendered on this claim.
- 7. The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim.
 - 8. This claim is not subject to any setoff or counter-claim.
 - 9. No security interest is held in this claim.
 - 10. This claim is a general unseucred claim.

\$725.70 TOTAL AMOUNT CLAIMED

Century Tel of Minnesota, Inc. NAME OF CREDITOR

August 4, 2003

REX D. RAINACH

A PROFESSIONAL LAW CORPORATION

3622 Government Street

Baton Rouge, LA 70806-5720 Telephone: (225) 343-0643

C/CTel/

aajt

UNITED STATES BANKRUPTCY COURT

DISTRICT OF MINESOTA

In Re: Virgil Moeller Case No. 03-33611-GFK

Claims of

CenturyTel of Minnesota, LLC 8/4/03

		Location			Deposit
Account No.	Name	Exchange	State	Amount	Request
507-346-2057 507-346-2772	VAMCO, Inc. Virgil Moeller	Spring Valley Spring Valley	MN MN	580.40 145.30 725.70	200.00 0.00 200.00

1 - CTE

507-346-2057 05/26/03 ACCOUNT NUMBER BILLING DATE

PAST DUE	06/19/03 AMOUNT DUE	580.40
CURRENT	193.97	386.43 386.43 193.97
PAST DUE AMOUNT	386.43	
PAYMENTS CREDITS/ADJS	00.	LL ING .RGES
PAYMENTS	00.	SUMMARY OF PREVIOUS BILLING PREVIOUS BALANCE PAST DUE AMOUNT SUMMARY OF CURRENT CHARGES (CENTURYTEL CHARGES TOTAL CURRENT CHARGES TOTAL AMOUNT DUE
PREVIOUS RALANCE	386.43	SCUMMARY O PREVIOUS PAST DUE SCUMMARY O CENTURYTE TOTAL CUR

JUST A FRIENDLY REMINDER THAT YOUR ACCOUNT IS PAST DUE. IF YOU HAVE ALREADY MADE YOUR PAYMENT, THANK YOU FOR BRINGING YOUR ACCOUNT UP TO DATE.

CenturyTel of Minnesota, Inc. DBA CenturyTel Federal Employer Identification Number 41-0832338 The Due Date On This Bill Applies To Current Charges Only Toll Free Customer Service Numbers:

1-800-201-4099 1-800-201-4102 1-888-646-0004 1-800-824-2877 1-866-486-8528 Residential Service Business Service Payment Arrangements Repair Service Payment or Account Balance 24 Hours/7 Days a Week

For complete billing detail, please review both front and back of each page.

*************** 05/26/03 507-346-2057 TOTAL CHARGES DUE BY 06/19/03 580.40 Ω TOTAL AMOUNT DUE AMOUNT ENCLOSED ACCOUNT NUMBER BILLING DATE VAMCO INC PO BOX 109 SPRING VALLEY MN 55975-0109 PLEASE REMIT PAYMENT TO: CenturyTel P.O. BOX 6000 MARION, LA 71260-6000

0150734620570800000000386434164507346052603000005804087

1 - CTE PAGE

507-346-2772 05/26/03 ACCOUNT NUMBER BILLING DATE

PAST DUE AFTER	06/19/03 AMOUNT DUE	145.30					145.30
CURRENT	49.01	96.29	96.29		49.01	49.01	
PAST DUE AMOUNT	96.29						
PAYMENTS CREDITS/ADJS	00.	LLING		RGES			
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PREVIOUS BALANCE	96.29	SUMMARY C	PAST DUE	SUMMARY C	CenturyTe	TOTAL CUR	TOT

JUST A FRIENDLY REMINDER THAT YOUR ACCOUNT IS PAST DUE. IF YOU HAVE ALREADY MADE YOUR PAYMENT, THANK YOU FOR BRINGING YOUR ACCOUNT UP TO DATE.

CenturyTel of Minnesota, inc. DBA CenturyTel Federal Employer Identification Number 41-0832338 The Due Date On This Bill Applies To Current Charges Only Ioll Free Customer Service Numbers:

1-800-201-4099 1-800-201-4102 1-888-646-0004 1-800-824-2877 1-866-486-8528 Residential Service Business Service Payment Arrangements Repair Service Payment or Account Balance 24 Hours/7 Days a Week

For complete billing detail, please review both front and back of each page.

05/26/03 TOTAL CHARGES DUE BY 06/19/03 507-346-2772 Ω ACCOUNT NUMBER BILLING DATE PLEASE REMIT PAYMENT TO: CenturyTel P.O. BOX 6000 MARION, LA 71260-6000

VIRGIL MOELLER PO BOX 109 SPRING VALLEY MN 55975-0109

..... 145.30

TOTAL AMOUNT DUE AMOUNT ENCLOSED 0150734627720210000009629916450734605260300001453012

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

IN RE: VIRGIL MOELLER CHAPTER 11 CASE NO. 03-33611-GFK

REQUEST FOR NOTICE FOR CenturyTel of Minnesota, Inc. d/b/a CenturyTel

PLEASE TAKE NOTICE that the above creditor requests notice of all matters noticed and copies of all pleadings in this case pursuant to the provisions of Bankruptcy Rules 2002, 3017, 3020, 6007, 9010 and 9027.

Notice shall be mailed to:

Rex D. Rainach A Professional Law Corporation 3622 Government Street Baton Rouge, LA 70806-5720 Brenda Adkins CenturyTel 100 Century Park Drive Monroe, LA 71203

RESPECTFULLY SUBMITTED:

REX D. RAINACH A PROFESSIONAL LAW CORPORATION 3622 Government Street Baton Rouge, LA 70806-5720

Telephone: (225) 343-0643

REX D. RAINACH La. Bar Roll No. 11074

I hereby certify that the foregoing was this date mailed to (1) the attorney for the debtor and (2) the trustee by depositing the same in the U.S. Mail, first class, properly addressed and postage prepaid.

Baton Rouge, LA, August 4, 2003

REX D. RAINACH

C:/CTel/

FORM B10 (Official Form 10)(4/01)			
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST	r. PAUL)		
Name of Dahloo	Case Number		
Name of Debtor VIRGIL MOELLER	03-33611		
V			
Name of Creditor (The person or other entity to whom the debtor	Check box if you are aware that		
owes money or property):	anyone else has filed a proof of claim relating to your claim. Attach		
RANGR TRANSPORTATION Name and Address where notices should be sent:	copy of statement giving particulars.		
PANCE TRANSPORTATION RUNGE TRANSPORTATION	☐ Check box if you have never		
1401 7TH AVES	received any notices from the bankruptcy court in this case.		
SAINT JAMES MN 56081	☐ Check box if the address differs		
	from the address on the envelope		
Telephone Number: 507-375-3283	sent to you by the court.		
Account or other number by which creditor identifies debtor:	Check here if replaces reviously filed claim, dated		
	Retires benefits as defined in 11 U.S.C. §1114(a)		
1. Basis for Claim Goods sold	☐ Wages, salaries, and compensation (fill out below)		
Services performed	Your SS #:		
Money loaned	from to		
☐ Personal injury/wrongful death☐ Taxes	(date) (date)		
☐ Other	3. If court judgment, date obtained:		
2. Date debt was incurred: 02.1803	5. If court judgment, and obtained		
4 Total Amount of Claim of Time Case Filed:	\$ 622.07		
If all or part of your claim is secured or entitled to priority, also co Check this box if claim includes interest or other charges in ad-	mplete Hem 5 or 6 below.		
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interest or additional charges. 5. Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other	6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim Amount entitled to priority \$ Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or		
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FORM B10 (Officia			
UNITED STAT	TES BANKRUPTCY COURT DISTRICT OF MINNESOTA (S'	T. PAUL)	
N		Case Number	
Name of Debtor VIRGIL MOELL	.ER	03-33611	
Vamco			
X		A Company of the Comp	
Mariana da Santa da S			
ZZ	The person or other entity to whom the debtor	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the	
owes money or pr	roperty):	anyone else has filed a proof of	1
UNION LOGISTIC	CS ss where notices should be sent:	claim relating to your claim. Attach copy of statement giving particulars.	}
DOG Inc		☐ Check box if you have never	/
UNION LOGISTIC PU BOX 134	.S	received any notices from the bankruptcy court in this case.	
DUBUQUE IA 520	004	☐ Check box if the address differs	
		from the address on the envelope	
Telephone Numb	ner: 563-588-0711	sent to you by the court.	
	umber by which creditor identifies debtor:	Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated	
т2389		this claim a previously filed claim, dated Retiree benefits as defined in 11 U.S.C. §1114(a)	·
 Basis for Cla Goods sold 	um	☐ Wages, salaries, and compensation (fill out below)	
Services per		Your SS #:	
☐ Money loan	ed	fromto	
☐ Personal inj	ury/wrongful death	(date) (date)	
[] Other			
2. Date debt w		3. If court judgment, date obtained:	
4. Total Amoun	t of Claim at Time Case Filed:	\$ 418.38	
If all or part of y	your claim is secured or entitled to priority, also con	mplete Item 3 or 5 below. lition to the principal amount of the claim. Attach itemized statement	t of all
interest or addition	onal charges.		
5. Secured Clair	m.	6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim	
(including a righ	ox if your claim is secured by collateral	Amount entitled to priority \$	
Brief Descri	ption of Collateral:	Specify the priority of the claim:	M dave
	ate Motor Vehicle	☐ Wages, salaries, or commissions (up to \$4,650),* earned within 9 before filing of the bankruptcy petition or cessation of the debtor	r's
		business, whichever is earlier - 11 U.S.C. § 507(a)(3).	
Value of Col	llateral: \$	☐ Contributions to an employee benefit plan - 11 U.S.C. \$507(a)(4 ☐ Up to \$ 2,100* of deposits toward purchase, lease, or rental of pr). Toperty or
		services for personal, family, or household use - 11 U.S.C. § 507	(a)(6).
		Alimony, maintenance, or support owed to a spouse, former spou	use, or
Amount of a	arcarage and other charges at time case filed	child - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507	(a)(8).
	red claim, if any: \$	Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().	
		*Amounts are subject to adjustment on 4/1/04 and every 3 years th	ereafter
		with respect to cases commenced on or after the date of adjustme	ent.
7. Credits:	The amount of all payments on this claim has	been credited and deducted for the SEND CLAIM TO:	
& Supporting F	aking this proof of claim. Occuments: Attach copies of supporting documents	s, such as promissory notes, purchase II C RANKRIPTCY (OURT
orders invoic	es, itemized statements of running accounts, cor	ntracts, court judgments, mortgages, 20015 COIRTHOUS	E
security agree	eements, and evidence of perfection of lier S. If the documents are not available, explain.	If the documents are voluminous, ST. PAUL, MN 55101	SIKEEI
attach a sumn	narv.		
9. Date-Stampe	d Copy: To receive an acknowledgment of the filid envelope and copy of this proof of claim.	ing or your claim, enclose a stamped,	
Self-addressed	-		
Date	Sign and print the name and title, if any, of the cr	reditor or other person authorized to	
0/10/00	file this claim (attach copy of power of attorney,		
6 /12/03		imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.	
Penalty for pres	enting traudulent claim: Fine of up to \$500,000 of	imprisonment for up to 5 years, or both. 18 U.S.C. 99 132 and 3371.	

Union Transportation Services, Inc.

705 Central Avenue P.O. Box 3081 Dubuque, Iowa 52004-3081

Invoice	е
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Date	Invoice #
2/27/2003	T2389

Bill To	
Vamco Inc P.O. Box 109 Spring Valley, MN 55975	

		P.O. Number	Bill of Lading No.	Terms
			112371	Net 15
Shipper	Consignee	Weight	Rate	Amount
lorizon Milling-Lake City, MN	Bloomfield-Bloomfield, NE	22.02	19.00	418.38
			Account assign	ned to, REMIT to:
			DOG, Inc P.O. Box	•
Please remit to: Union Transportation Serv PO Box 134 Dubuque, IA 52004-0134	ices, Inc.		Total	\$41

BLOOM 'N' EGG FARM

Div. M. G. Waldbaum P.O. BOX 180 — 402-373-2364 Bloomfield, NE 68718

HER.

PO# 267091

0086

:R) ESS. 70600 LB MEIGHIN 19FEB03 07:15AM 10DITY 70600 LB GROSS: 26560 LB 44040 LB TARE HET RKS 19FEB03 07=44AM ER OON OFF

811.99 CUST: BLOCKING EGG FARMS HAY 84 W DRIVER (Printed) SEALS URISIN POINTS LAKE CITY, NA DATE SHIPSEDS. UNIT IN 8 CURSIONED TOR BESTONE (FA. BLOWNING FINE FARME) SATUL BATTON TO THE BLOWETELD, NO. 2015 ==>:->:> >:=>:> INFORMA,TIO MIN. 14.02 MIN. 3.03 MAY. 9.33 MAY. 14.53 MAY. 14.53 WEIGHTS TO GOVERN SHIPPERS WEIGHT CAS SASANO
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FOR THE MANUFACTURE OF COMPERCISAL FEED
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POLISTURE,
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POLITIONER, SHIPPER/GENERAL OFFICER MOTICON ALL MAY, LLC P. D. BOX LS96 WICHIE, 15 111 6726.1 WEAT MIDDS L I M E PRIMO UPC (2006 MIL: LICITY TRAFFIC DELY CARRIERI MOEL ROUTET MOELLER (19815) REHARKS S12E/PHCK#611#5 BULK TRUCK igi di sagnasti gri Wiliyahisi. Pri di sadikiti, COMMITTY

FORM <u>B10</u> (Official Form 10)(4/01)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST		
Name of Debtor	Case Number	
VIRGIL MOELLER	03-33611	
fragus III - granden garanten kirja i		RECEIVED 03 SEP -8 AM II: IL U.S. INVENTION COURT ST. FAUL, NIV
Source de allier 19 5		S S S
Name of Creditor (The person or other entity to whom the debtor	Check box if you are aware that anyone else has filed a proof of	EP -8 AM U
owes money or property): AMERPRIDE LINEN	claim relating to your claim. Attach	
Name and Address where notices should be sent:	copy of statement giving particulars	
AMERPRIDE LINEN	Check box if you have never	
1290 SOUTH VICTORY DRIVE	received any notices from the bankruptcy court in this case.	~8 ≒ □
MANKATO MN 56001	☐ Check box if the address differs	\$ =
	from the address on the envelope	
Talankan Number	sent to you by the court.	1
Telephone Number:	Check here if replaces	<u> </u>
Account or other number by which creditor identifies debtor:	this claim amends a previou	sly filed claim, dated
1. Basis for Claim	Retiree benefits as defined in 11 U.S	S.C. §1114(a)
Goods sold	Wages, salaries, and compensation (nii out below)
Services performed Money loaned	Unpaid compensation for services p	erformed
Personal injury/wrongful death	from to	
☐ Taxes	(date) (date)	
Other	3. If court judgment, date obtained:	
2. Unic Gent was incurred:	701180	
 4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also cor Check this box if claim includes interest or other charges in add interest or additional charges. 	lition to the principal amount of the claim	. Attach itemized statement of all
5. Secured Claim. Check this box if your claim is secured by collateral	6. Unsecured Priority Claim. Check this box if you have an unsegn	ured priority claims
(including a right of setoff).	Amount entitled to priority \$	11181
Brief Description of Collateral:	Amount entitled to priority \$	7 4 - 00
☐ Real Estate ☐ Motor Vehicle	☐ Wages, salaries, or commissions (up before filing of the bankruptcy petition)	
Other	business, whichever is earlier - 11 U	.S.C. § 507(a)(3).
Value of Collateral: \$	Contributions to an employee benefit	t plan - 11 U.S.C. §507(a)(4).
	I I I In to \$ 2.100* of denosits toward pr	irchase, lease, or rental of property or
	services for personal, family, or hour Alimony, maintenance, or support of	sehold use - 11 U.S.C. § 507(a)(b).
	child - 11 U.S.C. § 507(a)(7).	
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Taxes or penalties owed to governme☐ Other - Specify applicable paragraph	ental units - 11 U.S.C. § 507(a)(8). n of 11 U.S.C. § 507(a)().
	*Amounts are subject to adjustment on with respect to cases commenced on	4/1/04 and every 3 years thereafter or after the date of adjustment.
7. Credits: The amount of all payments on this claim has	been credited and deducted for the	SEND CLAIM TO:
purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents	li di	U.S. BANKRUPTCY COURT
orders, invoices, itemized statements of running accounts, cor	itracts, court judgments, mortgages,	200 U.S. COURTHOUSE
security agreements, and evidence of perfection of lien	, DO NOT SEND ORIGINAL	316 NORTH ROBERT STREET
IXXUMENTS. If the documents are not available, explain. attach a summary.	ii ine documents are voluminous,	ST. PAUL, MN 55101
9. Date-Stamped Copy: To receive an acknowledgment of the film	ng of your claim, enclose a stamped,	ソニナ
self-addressed envelope and copy of this proof of claim.	//	XV\¹
Date Sign and print the name and title, it any of the cr	editor or other person authorized to	, \
Sign and print the name and title, it any as the cr file this claim sattach copy of power of attories.	if any):	\supset
Mattill // (Pin)		
Penalty for presenting fraudulent claim: Fine of up/o \$500,000/or	imprisonment for up to 5 years, or both.	18 U.S.C. §§ 152 and 3571.
remary jor presenting frequencin country and or agree 4000/000		

Ameripride Services Inc. 1290 S. Victory Dr. Mankato, MN 56001-8302 Telephone: (507)345-1039 Ext. Fax: (507)345-6767 Ext. E-Mail: Sharon.Ryan@ameripride.org

Statement Of Account

For: MOELLER FARMS, B14-62761 MOELLER FARMS Accounts Payable Accounts Payable Manager P O BOX 109 SPRING VALLEY, MN 55975 US

Attention: Accounts Payable

DATE OF LAST PAYMENT:03/31/03

TOTAL TRANSACTIONS ON ACCOUNT AS OF Wednesday, September 03, 2003

Invoice		Date	Due Date	Balance
=======				
N532547	0303	03/07/03	04/06/03	26.33
N535106	0303	03/14/03	04/13/03	26.33
N537705	0303	03/21/03	04/20/03	26.33
N540726	0303	03/28/03	04/27/03	26.33
N542865	0403	04/04/03	05/04/03	26.33
N545412	0403	04/11/03	05/11/03	26.33
N548007	0403	04/18/03	05/18/03	26.33
N550580	0403	04/25/03	05/25/03	26.33
N553157	0503	05/02/03	06/01/03	26.33
N560871	0503	05/23/03	06/22/03	15.23
N563448	0503	05/30/03	06/29/03	21.30
N571112	0603	06/20/03	07/20/03	21.30

AGING OF ACCOUNT

	Debits	Credits	Total	Percent
				0.000 %
Current	0.00	0.00	0.00	
1 - 30	0.00	0.00	0.00	0.000 %
31 - 60	21.30	0.00	21.30	7.225 %
61 - 994	273.50	0.00	273.50	92.775 %
995 - 995	0.00	0.00	0.00	0.000 %
996 - 996	0.00	0.00	0.00	0.000 %
997 - 997	0.00	0.00	0.00	0.000 %
998 - 998	0.00	0.00	0.00	0.000 %
999 - 999	0.00	0.00	0.00	0.000 %
Over 999	0.00	0.00	0.00	0.000 %

FORM B10 (Official Form 10)(4/01) UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST. PAUL) Case Number Name of Debtor 03-33611 VIRGIL MOELLER and the same Name of Creditor (The person or other entity to whom the debtor ☐ Check box if you are aware that anyone else has filed a proof of owes money or property): claim relating to your claim. Attach GENE WILDER Name and Address where notices should be sent: copy of statement giving particulars. ☐ Check box if you have never GENE WILDER received any notices from the **RRI BOX 282** bankruptcy court in this case. LE ROY MN 55951 ☐ Check box if the address differs from the address on the envelope sent to you by the court. Telephone Number: Check here if replaces Account or other number by which creditor identifies debtor: a previously filed claim, dated this claim □ amends Retiree benefits as defined in 11 U.S.C. §1114(a) Basis for Claim Goods sold
Services performed
Money loaned Wages, salaries, and compensation (fill out below)
Your SS #: 47.2 58 2573 Unpaid compensation for services performed from 5 Apr 03 to 5-26-03 from <u>5 APr 03</u> to _ Personal injury/wrongful death (date) (date) ☐ Other 2. Date debt was incurred: 3. If court judgment, date obtained: 4. Total Amount of Claim at Time Case Filed:

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. Unsecured Priority Claim. 5. Secured Claim. ☐ Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,650),* earned within 90 days ☐ Real Estate ☐ Motor Vehicle Other. before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). ☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). Value of Collateral: \$_ ☐ Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Amount of arrearage and other charges at time case filed ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(___). included in secured claim, if any: \$ *Amounts are subject to adjustment on 4/1/04 und every 3 years thereafter with respect to cases commenced on or after the date of adjustment. The amount of all payments on this claim has been credited and deducted for the 7. Credits: SEND CLAIM TO: purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase U.S. BANKRUPTCY COURT orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, 200 U.S. COURTHOUSE security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, 316 NORTH ROBERT STREET ST. PAUL, MN 55101 attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): 9/20/23 GeneWilles Gove Wilder Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Gene E. Wilder Rt 1, Box 282 Le Roy, MN 55951

May 8, 2003

VAMCO, INC. PO BOX 109 SPRING VALLEY, MN 55975

To Whom It May Concern:

Since my termination/layoff date of 29 April 2003, I have not received any additional wages that are due to me. The last check i received was on 11 April 2003, for the pay period ending 5 April 2003. My calculations show the following wages are still pending:

Pay Period Ending	Grass	Road Expense
Week ending 12 April	510.00	114.00
Week ending 19 April	510.00	114.00
Week ending 26 April	510.00	114.00
	130	245

Additionally, cafeteria funds owed which have already been set aside are as follows:

Funds withheld for 2002 Funds withheld for 2003 ₹3,000.00 523 1,000.00

All required papers were in order and a check was made out to be deposited in the cafeteria account to enable me to draw out the tunds for year 2002. However, Wells Fargo Bank seized this account so there was not any use in making any additional deposits.

As of this date, I have not received no funds.

tincerely

of the 3000,00, \$241100 has been returned to see

FORM <u>B10</u> (Official Form 10)(4/01)			
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST. PAUL)			
Name of Debtor VIRGIL MOELLER	Case Number 03-33611		
VIKUL MOELLER	35 55011		
	engles compared to the first term of the first t	WITED 87	
the state of the s	☐ Check box if you are aware that	Record	
Name of Creditor (The person or other entity to whom the debtor owes money or property):	anyone else has filed a proof of	SFP 2	
JACOB WILDER	claim relating to your claim. Attach	B SEP 2 4 2003	
Name and Address where notices should be sent:	copy of statement giving particulars. Check box if you have never	\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
JACOB WILDER	received any notices from the	(Prov CO)	
RR 1 BOX 282 LE ROY MN 55951	bankruptcy court in this case. Check box if the address differs	300	
	from the address on the envelope		
	sent to you by the court.		
Telephone Number:	Check here if Preplaces		
Account or other number by which creditor identifies debtor:	this claim amends a previous	ly filed claim, dated	
1. Basis for Claim	Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation if	C. §1114(a) ili out below)	
☐ Goods sold☐ Services performed	Vour QQ # 43/ UU 4443		
☐ Money loaned	Unpaid compensation for services per from June 122 to Jun 1	rformed 2	
Personal injury/wrongful death	(date) (date)		
☐ Taxes ☐ Other	(3337)		
2. Date debt was incurred:	3. If court judgment, date obtained:		
4. Total Amount of Claim at Time Case Filed:	\$ 7647 w ustimute	ed france	
les as a constant of the second of a second to a minimum of a constant of the second o	molete Item 5 or 6 helow	- • • •	
☐ Check this box if claim includes interest or other charges in add interest or additional charges.	mion to the principal amount of the claim.	Thinti Italiano Salemento	
5. Secured Claim.	6. Unsecured Priority Claim.	d maioraity, oloim	
Check this box if your claim is secured by collateral	Check this box if you have an unsecu Amount entitled to priority \$	red phorny claim	
(including a right of setoff). Brief Description of Collateral:	Specify the priority of the claim:		
☐ Real Estate ☐ Motor Vehicle	Wages, salaries, or commissions (up to before filing of the bankruptcy petition)	o \$4,650),* earned within 90 days	
Other	business, whichever is earlier - 11 U.	S.C. § 507(a)(3).	
Value of Collateral: \$	Contributions to an employee benefit	plan - 11 U.S.C. §507(a)(4).	
	☐ Up to \$ 2,100* of deposits toward pu services for personal, family, or hous	rchase, lease, or rental of property or ehold use - 11 U.S.C. \$ 507(a)(6).	
	☐ Alimony, maintenance, or support ov	ved to a spouse, former spouse, or	
	child - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to government		
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Taxes or penalties owed to governme ☐ Other - Specify applicable paragraph	of 11 U.S.C. § 507(a)().	
	*Amounts are subject to adjustment on		
	with respect to cases commenced on	or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has	been emdited and deducted for the	SEND CLAIM TO:	
purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting document.		U.S. BANKRUPTCY COURT	
amine invoices itemized statements of minning accounts, co	ntracts, court judgments, mongages,	200 U.S. COURTHOUSE	
security agreements, and evidence of perfection of lies DXCUMENTS. If the documents are not available, explain.	n. DO NOT SEND OKIGINAL	316 NORTH ROBERT STREET ST. PAUL, MN 55101	
attach a summery	1 4	21. LVOP' MIM 22 INT	
9. Date-Stamped Copy: To receive an acknowledgment of the file self-addressed envelope and copy of this proof of claim.	ing of your claim, enclose a stamped,)IT	
Date Sign and print the name and title, if any, of the c	reditor or other person authorized to	\cup	
(1 -) file this claim (attach copy of power of attorney,	п апу):		
Jacon Willey Vaco	b Wilder	0 I C C 88 157 and 2571	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or	r imprisonment for up to 5 years, or both.	18 U.S.C. 99 132 and 33/1.	

FORM <u>B10</u> (Official Form 10)(4/01)				
UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (S	T. PAUL)			
Name of Debtor	Case Number			
VIRGIL MOELLER	03-33611			
T 0 2 3 To 1 A T D T D D D D D D D D D D D D D D D D				
Name of Creditor (The person or other entity to whom the debtor	☐ Check box if you are aware that			
owes money or property):	anyone else has filed a proof of			
OLMSTED MEDICAL	claim relating to your claim. Attach copy of statement giving particulars			
Name and Address where notices should be sent:	Check box if you have never			
OLMSTED MEDICAL	received any notices from the			
PO BOX 4300 ROCHESTER MN 55903	bankruptcy court in this case.			
ROAL MESTER MEN 35903	Check box if the address differs			
	from the address on the envelope sent to you by the court.			
Telephone Number: 507 - 287 - 2794				
Account or other number by which creditor identifies debtor:	Check here if replaces this claim amends a previously filed claim, dated			
102-0964	Retiree benefits as defined in 11 U.S.C. §1114(a)			
Basis for Claim Goods sold	☐ Wages, salaries, and compensation (fill out below)			
Services performed	Your SS #:			
☐ Money loaned	Unpaid compensation for services performed			
☐ Personal injury/wrongful death	fromto(date)			
Taxes	(date) (date)			
Other	3. If court judgment, date obtained:			
As attached				
4 Total Amount of Claim at Time Case Filed:	90.00			
If all or part of your claim is secured or entitled to priority, also co	mplete Item 5 or 6 below. dition to the principal amount of the claim. Attach itemized statement of all			
interest or additional charges.	minor to the bimerbar amount of the status states seemed amount of all			
5. Secured Claim.	6. Unsecured Priority Claim.			
Check this box if your claim is secured by collateral	Check this box if you have an unsecured priority claim			
(including a right of setoff).	Amount entitled to priority \$ Specify the priority of the claim:			
Brief Description of Collateral: Real Estate Motor Vehicle	Wages salaries or commissions (up to \$4.650),* earned within 90 days			
Other	hefore filing of the bankruptcy petition or cessation of the debtor's			
	business, whichever is earlier - 11 U.S.C. § 507(a)(3).			
Value of Collateral: \$	☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). ☐ Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or			
	services for personal, family, or household use - 11 U.S.C. § 507(a)(6).			
	☐ Alimony, maintenance, or support owed to a spouse, former spouse, or			
M1 1	child - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).			
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_).			
metados in sociatos ciamin a maj. v				
	*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter			
	with respect to cases commenced on or after the date of adjustment.			
7. Credits: The amount of all payments on this claim has purpose of making this proof of claim.	SEAD CHAIN 10.			
8 Supporting Documents: Attach copies of supporting document	s, such as promissory notes, purchase U.S. BANKRUPTCY COURT			
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, 200 U.S. COURTHOUSE				
DOCUMENTS. If the documents are not available, explain	n. DO NOT SEND ORIGINAL 316 NORTH ROBERT STREET If the documents are voluminous, ST. PAUL, MN 55101			
attach a summary.				
9, Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped,				
self-addressed envelope and copy of this proof of claim.				
Date Sign and print the name and title, if any, of the creditor or other person authorized to				
file this claim (attach copy of power of attorney,	if any):			
1117 Man Willen MARY	Penalty for presenting fraudylent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			
Penalty for presenting fraudylent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.				

ACCOUNT ACTIVITY

11/17/2003 LAST PURGE RUN 06/08/2002

PROCEDURE DATE 04/03/2003 TO 04/03/2003

GUARANTOR:

102-09641

MOELLER FARMS 77

PO BOX 109

PAGE: 1

SPRING VALLEY, MN 55975

CLINIC:

OLMSTED MEDICAL CENTER

210 9TH ST SE

PO BOX 4300

ROCHESTER, MN 559034300

PROC DATE PHYS NAME			LOC	PATIENT NAME	AMOUNT
04/03/2003 OCC MED NUR	T 77	SPECIMEN COLLECT 99000	10	WENESS, NATHA 2128-757-8	* 3'0 ***6'0*
04/03/2003 OCC MED NUR	т 77	SPECIMEN COLLECT 99000	10	WILDER, GENE 2166-923-9	30.00
04/03/2003 OCC MED NUR	т 77	LAB-BREATH ALCOH 82075	10	WILDER, GENE 2166-923-9	3-0 ⊹00'
			A	MARGES: DJUSTMENTS: AYMENTS:	90.00 0.00 0.00
			R	EPORT TOTAL:	90.00



OPERATOR: MWILCKEN

. . .

11686469277

Page 1

11686469277

CORPORATE RECORDS & BUSINESS REGISTRATIONS

This Record Last Updated:

05/15/2003

Database Last Updated:

09-08-2004

Update Frequency:

MONTHLY

Current Date:

09/08/2004

Source:

AS REPORTED BY THE SECRETARY OF STATE OR OTHER

OFFICIAL SOURCE

COMPANY INFORMATION

Name:

MOELLER FARMS, INC.

Address:

HWY 16 & 63 1 MI W

SPRING VALLEY, MN 55975

D&B DUNS:

07-763-4053

FILING INFORMATION

Filing Date:

07/22/1988

State of Incorporation: MINNESOTA

Date Incorporated:

07/22/1988

Duration:

PERPETUAL

Status:

INACTIVE

Corporation Type:

PROFIT

Business Type:

DOMESTIC CORPORATION



11686469277 Page 2

Address Type: BUSINESS

Registration ID#: DCX 5Z-913

Where Filed: SECRETARY OF STATE/CORPORATIONS DIVISION

180 STATE OFFICE BUILDING

SAINT PAUL, MN 55155

PRINCIPAL INFORMATION

Name: VIRGIL MOELLER

Title: CHIEF EXECUTIVE OFFICER

Address: RT 3

SPRING VALLEY, MN 55975

AMENDMENT INFORMATION

Amendments: 09/25/1998 DISSOLUTION OF CORPORATION; STATUTORY

DISSOLUTION - ADMINISTRATIVELY DISSOLVED

STOCK INFORMATION

Stock:

Authorized 10,000

Shares:

Par Value: \$0

ADDITIONAL DETAIL INFORMATION

Additional Details: 94 ANNUAL REPORT FILED ON MICROFILM #94200353

Westlaw.

38190708832 Page 1

38190708832

CORPORATE RECORDS & BUSINESS REGISTRATIONS

This Record Last Updated: 05/15/2003

Database Last Updated: 09-08-2004

Update Frequency: MONTHLY

Current Date: 09/08/2004

Source: AS REPORTED BY THE SECRETARY OF STATE OR OTHER

OFFICIAL SOURCE

COMPANY INFORMATION

Name: VAMCO, INC.

Address: HWY 63 & 16 N

SPRING VALLEY, MN 55975

D&B DUNS: 06-034-5019

FILING INFORMATION

Filing Date: 01/13/1997

State of Incorporation: MINNESOTA

Date Incorporated: 01/13/1997

Duration: PERPETUAL

Status: ACTIVE

Corporation Type: PROFIT

Business Type: DOMESTIC CORPORATION

38190708832 Page 2

Address Type: BUSINESS

Registration ID#: DCX 9M-440

Where Filed: SECRETARY OF STATE/CORPORATIONS DIVISION

180 STATE OFFICE BUILDING

SAINT PAUL, MN 55155

PRINCIPAL INFORMATION

Name: VIRGIL MOELLER

Title: CHIEF EXECUTIVE OFFICER

Address: HWY 63 & 16 N

SPRING VALLEY, MN 55975

STOCK INFORMATION

Stock:

Authorized 1,000,000

Shares:

Par Value: \$0

TO ORDER ORIGINAL FILINGS OR OTHER RELATED DOCUMENTS,
CALL WEST DOCUMENT RETRIEVAL AT 1-877-DOC-RETR (1-877-362-7387).

ADDITIONAL CHARGES APPLY.

THE PRECEDING PUBLIC RECORD DATA IS FOR INFORMATION PURPOSES ONLY AND IS NOT THE OFFICIAL RECORD. CERTIFIED COPIES CAN ONLY BE OBTAINED FROM THE OFFICIAL SOURCE.

END OF DOCUMENT

VERIFICATION

I, Nauni Jo Manty, Trustee and movant named in the motion, declare under penalty of perjury that

the facts contained in the foregoing motion are true and correct to the best of my knowledge, information

and belief.

Dated:

September 9, 2004

/e_____Nauni Jo Manty____

Nauni Jo Manty, Trustee

1169481-1

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

Case No. 03-33611-GFK
Chapter 11
Debtor.

UNSWORN CERTIFICATE OF SERVICE

I, Donna M. Voth, declare under penalty of perjury that on September 9, 2004, I mailed copies of the attached **Notice of Hearing, Motion Objecting to Claims, Memorandum of Law; and Unsworn Certificate of Service** on the attached service list.

Executed on: September 9, 2004. Signed: /e/ Donna M. Voth

Donna M. Voth Legal Administrative Assistant 333 South Seventh Street, Suite 2000 Minneapolis, MN 55402

Moeller Service List

Virgil Moeller PO Box 109 Spring Valley, MN 55975	Kurt M. Anderson PO Box 2434 Minneapolis, MN 55402-0434	US Trustee 1015 US Courthouse 300 South Fourth Street Minneapolis, MN 55415
US Attorney 600 US Courthouse 300 South Fourth Street Minneapolis, MN 55415	MN Department of Revenue Collection Enforcement 551 Bankruptcy Section PO Box 64447 St. Paul, MN 55164	Internal Revenue Service Special Procedures Branch 316 North Robert Street Stop 5700 St. Paul, MN 55101
IRS District Counsel 650 Galtier Plaza 175 East 5 th Street St. Paul, MN 55101	Securities & Exchange Bankruptcy Section 500 West Madison #1400 Chicago, IL 60661-2511	Sharon Ryan Amerpride Linen 1290 South Victory Drive Mankato, MN 56001
Ed Gorsuch, Case Manager Euler/American Credit Indemnity 100 East Pratt Street 5 th Floor Baltimore, MD 21202	K.F. Bishop, Vice President Baja Enterprises 9930 West Cedarwapsie Road Cedar Falls, IA 50613	Brent A. Jones, President Baja Enterprises 9930 West Cedarwapsie Road Cedar Falls, IA 50613
Diane Anding, Registered Agent Ainsworth Four Corners 3118 Highway 92 Ainsworth, IA 52201	Greg Lane 2697 Hawthorne Lane Stillwater, MN 55082	Christy Blade Business Manager And/Or Attention: President Post Bulletin P.O. Box 6118 Rochester, MN 55903
Linda Brantner Assistant Credit Manger Bauer Built, Inc. P.O. Box248 Durand, WI 54736	Centurytel of Minnesota, Inc. C/O Rex Rainach, Attorney 3622 Government Street Baton Rough, LA 70806-5720	Lois Lex, President Union Logistics Dog Inc. P.O. Box 134 Dubuque, IA 52004
David F. Frundt 117 West 5 th Street P.O. Box 95 Blue Earth, MN 56013	C.T. Corp. Systems, Inc. 405 2 nd Avenue South Minneapolis, MN 55401 Registered Agent for Amerpride Services, Inc., aka Amerpride Linen	Euler/American Credit Accounting Euler Hermes Attention: President 800 Red Brook Boulevard Owings Mills, MD 21117

	1	
Diane Anding	Jerome Bauer	Mark W. Schneider
Registered Agent	Registered Agent	Registered Agent
Ainsworth Four Corners	Bauer Built, Inc.	Kwik Trip, Inc.
2510 Vine Avenue	Highway 25 South	33 South 6 th Street #310
Ainsworth, IA 52201	Durand, WI 54736	Minneapolis, MN 55402
,	,	,
Jerry N. Gaalswyk, President	Jacob Wilder	Attention: Roxanne H.
Gaalswyk Bros Trucking Inc.	RR 1, Box 282	Account Supervisor
P.O. Box 265	Le Roy, MN 55951	Kwik Trip
Trimont, MN 56176		P.O. Box 1597
		La Crosse, WI 54602
Gary Prins, CEO	John Runge, President	Yolanda Hansen, Secretary
Prins Trucking, Inc.	Runge Transportation	Sonlite Express, Inc.
414 Oxford Street	1401 7 th Avenue South	86886 571 Avenue
Worthington, MN 56187	Saint James, MN 56081	Laurel, NE 68745
Attention: Paul Bucher	Wells Fargo Bank NA	Caterpillar Financial Services
Agstar Financial Services	C/O Charles W. Ries	C/O Jessica A. Palmer-Denig
c/o Dunlap and Seeger	P.O. Box 7	Alpha Khaldi
P.O. Box 549	Mankato, MN 56002-0007	Dorsey & Whitney
Rochester, MN 55903-0549		50 S 6 th Street
		Suite 1500
		Minneapolis, MN 55402-1498
US Dept of Agriculture	Deborah Bateman	Fred Buss
Farm Service Agency	Secretary and Director	RR 1, Box 273
c/o Roylene A. Champeaux	Atlantic Carriers	Spring Valley, MN 55975
600 U S Courthouse	P.O. Box 457	Spring valley, this costs
300 South 4 th Street	Atlantic, IA 50022	
Minneapolis, MN 55415	111111111111111111111111111111111111111	
Gene Wilder	Katherine Marie Moeller	Mary Wilken
RR 1, Box 282	RR 3, Box 109	Accounts Manager
Le Roy, MN 55951	Spring Valley, MN 55975	And/Or Attention: President
		Olmsted Medical
		210 Ninth Street S.E.
		P.O. Box 4300
		Rochester, MN 55903
Ronald L. Streyle, President	Ronald Sundrup, President	
RTS	Sundrup Transfer, Inc.	
220 South Broadway	P.O. Box 105	
P.O. Box 235	Arcadia, IA 51435	
Rochester, MN 55903		

1169957-1 2

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

In re: Case No. 03-33611-GFK

Virgil Moeller, Chapter 11

Debtor.

ORDER

The above-captioned matter came on before this Court on the motion of the Trustee, Nauni Jo Manty, objecting to the following claims (the "Claims"):

Claim No.	Claimant	Amount
1	Euler/American Credit Indemnity	18,150.35
3	Prins Trucking, Inc.	6,536.62
4	Sonlite Express, Inc.	1,772.90
5	Fred Buss	3,000.00
7	Atlantic Carriers, Inc.	1,158.20
8	Sundrup Transfer, Inc.	2,146.67
10	Baja Enterprises	2,408.04
11	Four Corners	438.55
12	Ayers Oil	1,173.11
14	RTS	877.22
15	Greg Lane	3,230.52
16	Gaalsyk Brothers Trucking, Inc.	4,878.92
19	Post Bulletin	219.30
20	Kwik Trip	2,680.27
21	Bauer Built, Inc.	2,831.60
22	CenturyTel of Minnesota, Inc.	725.70
23	Runge Transportation	622.07
24	Dog, Inc.	418.38
26	Ameripride Linen	294.80
30	Gene Wilder	2,375.00
31	Jacob Wilder	7,647.00
34	Olmstead Medical	90.00

Based upon all of the files, records and proceedings herein,

IT IS HEREBY ORDERED that the Trustee's objection to the Claims, are sustained and the

Claims are disallowed.	
Dated:, 2004.	
	BY THE COURT
	GREGORY F. KISHEL CHIEF, UNITED STATES BANKRUPTCY JUDGE